



Report of the 7th Congress of the Far Eastern Association of Tropical Medicine

BRITISH INDIA.

December 5th—10th—24th, 1927.

CALCUTTA
GOVERNMENT OF INDIA PRESS
1929

The Report on the 7th Congress of the Far Eastern Association
of Tropical Medicine was written in four parts Parts I, III and IV
dealt with the organization of the Congress in its various aspects
and have not been published

PART II.
INDEX

	PAGE
Patron and Vice Patrons	1
Officers of the 7th Congress	3
Officers of Component Countries	4
Members of Council for the 7th Congress	10
Official Delegates and Representatives	17
Chairmen of Scientific Sections	27
Rapporteurs of Scientific Sections	31
A Résumé of the Proceedings of the 7th Congress	32
Message from His Excellency the Viceroy to the 7th Congress	36
Opening Address delivered by H E the Governor of Bengal at the	37
Opening Ceremony	37
President's Address delivered by Major General T H Symons C.S.I	40
H M S Director General Indian Medical Service	47
Speech delivered by H E the Governor of Bengal at the Congress	49
Dinner December 10th 1927	49
Agenda and Minutes of the Business Meetings and Meetings of Council	76
Address by the Hon ble Sir Muhammad Habibullah K.C.I.E. at	77
the General Business Meeting	81
Speeches at the General Business Meeting	81
Résumé of Proceedings of Scientific Sections	101
Tours held in connection with the 7th Congress	101
Report of Committee on Borneo Philippine Islands	101
List of Members of the Far Eastern Association of Tropical Medicine	101
1927	101
Articles and By laws of the Association	101
	189

PATRON

His Excellency THE RIGHT HON. MR. EDWARD FREDERICK FINLAY WOOD
PATRON IRWIN OF KIRRI UNDDEEDELL GCSI GMIE Viceroy and
Governor General of India

VICE-PATRONS

His Excellency THE RIGHT HON. MR. VISCOUNT CONCREAN GCSI CBE
V.D. the Governor of Madras

His Excellency Lt Col THE RIGHT HON. MR. SIR LESLIE OPUL WILSON I C
GCSI CMG DSO the Governor of Bombay

His Excellency Lt Col THE RIGHT HON. MR. SIR FRANCIS STANLEY JACKSON
PC GCSI the Governor of Bengal

His Excellency Field Marshal Sir WILLIAM BIRDOOD BART CCB
GCMG KCSI CIE DSO Commander in Chief in India

His Excellency Sir WILLIAM SINCLAIR MARSH KCSI KCIF the
Governor of the United Provinces of Agra and Oudh

His Excellency Sir WILLIAM MALCOLM HAILEY BA KCSI CII ICS
the Governor of the Punjab

His Excellency Sir HUGH LANSDOWNE STEPHENSON KCSI KCSI ICS
the Governor of Bihar and Orissa

His Excellency Sir SPENCER HARCOURT BUTLER GCSI KCSI ICS
the Governor of Burma

His Excellency Sir MONTAGU SHEPHERD DAWES BUTLER MA KCSI CB
CIE CVO CBE ICS the Governor of the Central Provinces
and Berar

His Excellency Sir ROBERT LAGRIE LUCAS HAMMOND KCSI CBE the
Governor of Assam

His Highness Sir SIVAJI RAO GAEKWAD GCSI GCIIL the Maharaja of
Baroda State

His Highness Sir HARISINGH BHADUR KCSI KVO the Maharaja of
Jammu and Kashmir State

His Highness Major General Sir SRI GANGA SINGHJI BHADUR GCSI
GCFI GCVO GDI KCB ADC LLD the Maharajadhiraj of Bikaner State

His Highness Major General Sir BHUPENDRA SINGH MOHINDRA BHADUR
GCIIL GCSI GCVO GDI the Maharajadhiraj of Kathiawar State

His Highness Major UMAID SINGHJI BHADUR KCSI KVO
the Raj Rajeswar Maharajadhiraj of Jodhpur State

His Highness Lt Col Sir UPENDRA SINGHJI BHADUR KCSI
KVO the Maharajadhiraj Rana of Halolpur State

His Highness Lt Col SIR PRABHU NARAIN SINGH BAHADUR GCSI
G C I E , the Maharaja of Benares State

His Highness SIR BHAWANI SINGH BAHADUR K C S I , M R A S , the Maharaja
Ran of Jhalawar State

His Highness GEORGE JEEVAJEE RAO, SCINDHIA ALIJAH BAHADUR, Ruler
Gwalior State.

His Highness SHREE BHAGVAT SINGHJI SIGRAMJI, G C I E , the Thakor Saheb
of Gondal State

His Highness THE HON BLE SIR RAMESHWARA SINGH G C I E KBF,
Maharajadhiraj of Darbhanga State

Raja SRI KRISHNA CHANDRA GAJALATI NARAYANA DEO Raja of Parlakimedi
State

The HON'BLE SIR BASIL PHILLOT BLACKFITT, K C B , K C S I , Finance Member,
Government of India Delhi

THE HON'BLE KHAN BAHADUR SIR MUHAMMAD HABIBULLAH SAHIB
BAHADUR, K C I E Kt , Member for Education Health and Lands,
Government of India Delhi

THE HON'BLE SIR BHUPENDRA NATH MITRA, K C I E CBE Member for
Industries and Labour, Government of India Delhi

THE HON'BLE MR J CRERAR, C S I , C I E , I C S , the Home Member,
Government of India, Delhi

THE HON'BLE MR S R DAS, BAR AT LAW, the Law Member, Government of
India Delhi

THE HON'BLE SIR GEORGE RAINY, K C I E , C S I , Member for Railways and
Commerce, Government of India Delhi

HIS EXCELLENCY THE NAVAL COMMANDER IN CHIEF

OFFICERS OF THE SEVENTH CONGRESS.

President

MAJOR GENERAL T H SYMONS, CSI, OBE, KHS, IMS Director-General, Indian Medical Service

Vice-Presidents.

COLONEL J D GRAHAM, CIE, IMS, Public Health Commissioner with the Government of India

BALCOLONEL S R CHRISTOPHERS, CIE, OBE, KILP FRS IMS, Director, Central Research Institute, Kasauli

General Secretary-Treasurer.

DR. O DEGGERLER, Chief Inspector of Hospitals, Dutch East Indies, Weltevreden, Java

General Organizing Secretary for the 7th Congress.

Lt-COL J CUNNINGHAM, IMS, Director, Pasteur Institute of India, Kasauli

Honorary Secretary-Treasurer.

Lt-COL A D STEWART, IMS, Professor of Hygiene, School of Tropical Medicine, Calcutta

OFFICERS OF COMPONENT COUNTRIES.

British India.

President for the 7th Congress—

Major General T H Symons, C S I, O B E, K H S, I M S, Director General, Indian Medical Service, Delhi

Vice Presidents for the 7th Congress—

Col J D Graham, C I E I M S, Public Health Commissioner with the Government of India, Delhi

Bt -Col S R Christophers, C I E, O B E K H P, F R S, I M S Director, Central Research Institute Kasauli

General Organizing Secretary for the 7th Congress—

Lt Col J Cunningham, I M S, Director, Pasteur Institute of India, Kasauli

Honorary Secretary Treasurer—

Lt Col A D Stewart, I M S, School of Tropical Medicine, Central Avenue, Calcutta

ASSAM

Vice President—

Lt Col J Morison, I M S, Director, Pasteur and Medical Research Institute, Shillong

Local Secretary Treasurer—

Lt Col T D Murison, I M S, Director of Public Health, Assam, Shillong

BENGAL

Vice President—

Major General Godfrey Tate, V H S, I M S, Surgeon General with the Government of Bengal Calcutta

Local Secretary Treasurer—

Lt Col A. D. Stewart, I M S, Professor of Hygiene, School of Tropical Medicine, Calcutta

BOMBAY

Vice President—

Lt Col R W Anthony, I M S, Surgeon General with the Government of Bombay, Poona

Local Secretary Treasurer—

Lt Col W M Houston, I M S, Port Health Officer

BURMA.

Vice President—

Col W H C Forster, I M S, I G of Civil Hospitals.

Local Secretary Treasurer—

Lt-Col E Bisset I M S, Director of Public Health

MADRAS

Vice President—

Lt-Col E W C Bradfield, O B E, I M S, Medical College

Honorary Secretary Treasurer—

Lt Col A J H Russell, C B E, I M S, Director of Public Health.

PUNJAB

Vice President—

Major J J Harper Nelson, O B E I M S

Local Secretary Treasurer—

Lt Col C A Gill, I M S

UNITED PROVINCES

Vice President—

Col R F Baird I M S, I G of Civil Hospitals

Local Secretary Treasurer—

Lt Col C L Dunn, I M S, Director of Public Health

Australia

Vice President—

Dr R W Cilento, Director, Australian Institute of Tropical Medicine, Townsville, N Q land

Honorary Secretary Treasurer—

Dr A. H Baldwin, Medical Officer for Tropical Hygiene, and Acting Director, Australian Institute of Tropical Medicine, Townsville, N Q land

British North-Borneo

Vice-President—

Dr P A. Dingle, Principal Medical Officer, Sandakan.

Honorary Secretary-Treasurer—

Dr H F Conyngham, Medical Officer, Sandakan.

Ceylon.

Vice President—

Dr J F E Bridger, Sanitary Commissioner, Colombo

Honorary Secretary Treasurer—

Dr Gunesekera, Sanitary Commissioner's Office, Colombo

China.

For Manchuria

Vice-President—

Dr Wu Lien Teh, Director, North Manchurian Plague Prevention Service, Harbin.

Local Secretary Treasurer—

Dr Lin Chia Swee Plague Prevention Laboratory, Harbin.

For North China

Vice-President—

Dr Shisan C Fang Director, Central Epidemic Prevention Bureau, Peking

Local Secretary Treasurer—

Dr C E Lam, Peking Union Medical College, Peking

For Central China.

Vice President—

Dr W L New, No 328, Bubbling Well Road, Shanghai

Local Secretary Treasurer—

Dr Waysung New

For South China

Vice President—

Dr Lee Shu Fan.

Local Secretary Treasurer—

Dr Su Ping Lan C/o Dr Fuyuki Matsuoka, Director, Poai Hospital, Canton.

Hawaii

Vice President—

Dr C B Cooper, Member of Board of Health T H Honolulu

Honorary Secretary Treasurer—

Dr F E Trotter, President of Board of Health, T H Honolulu.

Hongkong.

Vice President—

Dr J B Addison, Hongkong

Honorary Secretary Treasurer—

Dr W B A Moore, Hongkong

Indo-China

Vice President—

Dr M L R Montel, Medecin de la Municipalite de Saigon, Saigon.

Honorary Secretary Treasurer—

Dr F H Guerin, Sous Directeur de l' Institut Pasteur de Saigon
Saigon

Japan

Vice President—

Dr M Nagayo Director of the Government Institute for Infectious
Diseases and Professor of the Faculty of Medicine the Tokyo
Imperial University Tokyo

Honorary Secretary Treasurer—

Dr Y Miyagawa the Government Institute for Infectious Disease
Tokyo

Korea.

Vice President—

Dr K Shiga Director Chosen Government General Hospital Keijo.

Honorary Secretary-Treasurer—

Dr M Ito, Government General Hospital Keijo

Formosa

Vice-President—

Dr T Horie Director Government Medical College Taihoku.

Honorary Secretary-Treasurer—

Dr S Yokogawa Professor of Pathology and Parasitology Government
Medical College Taihoku

Kwantung

Vice-President—

Dr I Inaba Director Manchuria Medical College Mukden

Honorary Secretary Treasurer—

Dr Y Kuno Professor of Physiology, Manchuria Medical College
Mukden.

Macao.

Vice President

Dr J C Soares, Macao

Honorary Secretary Treasurer—

Netherland East-Indies.

Vice-President—

Dr J J Van Lonkhuijsen, Head, D E I, Public Health Service, Weltevreden, Java

Honorary General Secretary Treasurer—

Dr O Deggeller, Chief Inspector of Hospitals, D E I, Weltevreden, Java

Sumatra.

Vice President—

Dr H Vervoort, Director, Pathological Laboratory, Medan

Honorary Secretary Treasurer—

Dr W Kouwenaar, Delhi Mij, Bindjei

Philippine Islands

Vice President—

Dr V Jacobs Fajardo

Honorary Secretary Treasurer—

Dr Otto Schöbl, Chief, Division of Biology and Serum Laboratories, Manila

Sarawak.

Vice President—

Dr E M Marjonbanks, Medical Officer, Kuching

Honorary Secretary Treasurer—

Dr W Kusel, Principal, Medical Officer's Office, Kuching

Siam.

Vice-President—

Rear Admiral H S H Prince Thavara Mongalwongse, Surgeon General, Royal Medical Service Department, Ministry of Marine, Bangkok.

Honorary Secretary Treasurer—

Colonel Phya Damrongbaediyakun, Director, Chulalongkorn Red Cross Hospital, Bangkok.

Straits Settlements.

Vice-President—

Dr A L. Hoops, Principal Civil Medical Officer, S. S., Singapore

Honorary Secretary Treasurer—

Dr J W Scharff, Government Health Officer, S. S., Singapore

Federated Malay States

Vice President—

Dr A R Wellington, Senior Health Officer, F. M. S., Kuala Lumpur

Honorary Secretary Treasurer—Dr William Fletcher, Bacteriologist Institute for Medical Research,
F.M.S., Kuala Lumpur

United States of America.

Vice-President—

Dr S B Grubbs

Honorary Secretary Treasurer—Lt-Col J F Silver, United States Army Medical Corps, C/o U. S.
Public Health Service, Washington.

HONORARY ADVISOR TO THE COUNCIL

Dr Victor G Heiser, Rockefeller Foundation, 61 Broadway, New York City

MEMBERS OF COUNCIL FOR THE 7TH CONGRESS.

President—

Major General T H Symons, C S I, O B E, K H S, I M S, Director-General, Indian Medical Service, Delhi

Honorary General Secretary-Treasurer—

Dr O Deggeller, Weltevreden, Java

British India.

Vice Presidents—

Col J D Graham C I E, I M S, Public Health Commissioner with the Government of India, Delhi

Bt Col S R Christophers, C I E, O B E, K H P, F R S, I M S, Director, Central Research Institute, Kasauli

General Organizing Secretary for 7th Congress—

Lt Col J Cunningham, I M S, Director, Pasteur Institute, Kasauli

Local Secretary Treasurer—

Lt-Col A D Stewart, I M S, Professor of Hygiene, School of Tropical Medicine, Calcutta

Government Representative—

Major J A Sinton V C, O B E, I M S, Director, Malaria Survey of India, Kasauli

Non Official Representative—

Dr J W Tomb, O B E, Medical Officer of Health, Asansol Mines Board of Health, Asansol Bengal, India

ASSAM

Vice President—

Lt Col J Morison, I M S, Director, Pasteur Institute and Medical Research Institute, Shillong

Government Representative—

Lt-Col T D Murison, I M S, Director of Public Health, Assam, Shillong

Non official Representative—

Dr D P Williams, Doom Dooma

BENGAL.

Vice President—

Major General G. Tate, V.H.S., I.M.S., Surgeon General with the Government of Bengal, Calcutta

Government Representative—

Dr C. A. Bentley, Director of Public Health, Bengal, Calcutta

Non-official Representative—

Dr Kedarnath Das, C.I.E., Principal, Carmichael Medical College, Calcutta

BIHAR AND ORISSA

Vice President—

Col W. S. Willmore, I.M.S., I.G. of Civil Hospitals Bihar and Orissa, Patna

Government Representative—

Lt Col W. C. Ross, I.M.S., Director of Public Health, Bihar and Orissa, Patna

Non-official Representative—

Lt Col H. R. Dutton, I.M.S., Principal Prince of Wales Medical College, Patna

BOMBAY

Vice President—

Lt Col R. W. Anthony, I.M.S., Surgeon General with the Government of Bombay, Poona

Government Representative—

Dr J. D. Munsiff, Director of Public Health for the Government of Bombay, Poona

Non-official Representative—

Dr J. N. Mehta, Principal, Seth Gordhandas Sunderdas Medical College, Parel, Bombay

BURMA

Vice President—

Col W. H. C. Forster, I.M.S., I.G. of Civil Hospitals, Burma, Rangoon

Government Representative—

Lt Col J. Taylor, D.S.O., I.M.S., Director, Pasteur Institute, Burma, Rangoon.

Non-official Representative—

Dr K. R. Dalal, Health Officer, Corporation, Rangoon

MADRAS

Vice-President—

Lt Col E W C Bradfield, OBE, IMS, Professor of Surgery,
Medical College, Madras

Government Representative—

Major Clive Newcomb, IMS, Chemical Examiner to Government
of Madras, Madras

Non official Representative—

Rao Bahadur Dr A Lakshmanaswami Mudaliar, Assistant Superintendent for Government Medical Hospital for Women and Children,
Egmore Madras

PUNJAB

Vice-President—

Major J J Harper Nelson IMS, Professor, King Edward Medical
College, Lahore

Government Representative—

Col C R Bakhle, IMS, I G of Civil Hospitals, Punjab, Lahore

Non official Representative—

Rao Bahadur Dr Maharaj Krishan Kapur, 13, Fane Road Lahore

UNITED PROVINCES

Vice President—

Col R F Baird, IMS, I G of Civil Hospitals, United Provinces,
Lucknow

Government Representative—

Major H Stott, IMS, Medical College, Lucknow

Australia

Dr A H Baldwin, Australian Institute of Tropical Medicine, Townsville

Great Britain.

Ministry of Health

Lt Col S P James IMS (Retd) London

Ceylon

Vice President—

Dr J F E Bridger, Sanitary Commissioner Colombo

Government Representative—

Dr S T Gunasekera, Assistant Director of Sanitary Services,
Colombo.

China and Shanghai.

Vice-President—

Dr. Wu Lein-Teh, Plague Preventive Service, Harbin

Government Representative—

Dr. Cheng-Hsiang Hu, Associate in Pathology, Peking Union Medical College, Peking

Non-official Representative—

Dr. Charles W. Young, Peking Union Medical College, Peking.

Egyptian Maritime Sanitary and Quarantine Board.

Dr. F. d' Herelle

Federated Malay States.

Vice-President—

Dr. A. R. Wellington, Senior Health Officer FMS, Kuala Lumpur

Non-official Representative—

Sir Malcolm Watson, A.R., LL.D., Klang

French India.

Government Representative—

Major V. G. F. Labernadie, Chief of the Laboratory of Pondicherry, Pondicherry

Hongkong.

Government Representative—

Dr. W. B. A. Moon, Co. Hongkong and Shanghai Bank, 9 Grace Church Street, London, E.C. 3

Non-official Representative—

Dr. G. H. Thomas, Tungwah Hospital, Hongkong

Indo-China.

Government Representative—

Dr. J. Jourdan, Director, Local de la Sante du Tonkin Hanoi

Non-official Representative—

Dr. P. Hermant, Medicine Principal, Vinh, Annam

Vice-President—

Dr. S. Hata, Professor of Microbiology, Keio-Gijuku University Medical College, Kitasato Institute, Tokyo.

Japan.

Japan—concl.

Government Representative—

Dr. Tenji Taniguchi, Member of the Government Institute for Infectious Diseases, Imperial University, Tokyo

Non-official Representative—

Dr Kaoru Ishimatsu, Doctor of the Osaka Steamship Co, Kobe

Formosa.

Vice President—

Professor Tsugio Horiuchi, Medical College, Taihoku

Government Representative—

Dr K. Morishita, Government Medical Zoologist, Government Research Institute, Formosa

Non official Representative—

Dr Shigeru Kiribayashi, Chief Medical Officer, Quarantine Office, Keelung

Korea.

Vice-President—

Dr K. Shiga, Dean of the Medical Faculty, Keijo, Imperial University, Chosen

Government Representative—

Dr H. Kobayashi, Chosen Government General Hospital, Keijo

Kwantung.

Vice President—

Dr Harumitsu Kubota, Manchuria Medical College, Mukden.

League of Nations, Health Committee and Eastern Bureau.

Prof Theodore Madsen, Director of the National Institute of Serotherapy of Copenhagen, Denmark, and President, Health Committee, League of Nations

Dr Raymond Gautier, Director, Eastern Bureau, League of Nations, 67, Robinson Road, Singapore

Macao.

Government Representative—

Captain Peregrino de Costa, Surgeon of the Sanitary Department, Macao

Nepal.

Government Representative—

Dr Siddhiman Acharya Dixit, Katmandu

Netherlands East Indies.

Government Representative—

Col. S. L. Brug, Director, Genees Kundig Laboratorium, Weltevreden.

Philippine Islands.

Vice-President—

Dr. José Fabella, Public Welfare Commissioner, Manila.

Government Representative—

Major A. Parker Hitchens, Medical Adviser to the Governor-General, Manila

Non-official Representative—

Dr. De Leon, College of Medicine, University of the Philippines, Manila.

Portuguese India.

Government Representative—

Col. I. Froilano de Mello, Director General of Medical Services in Portuguese India, Nova Goa

Siam.

Vice-President—

Col. Phya Damrong, Director, Hospital Section, The Siamese Red Cross Society at Chulalongkorn Red Cross Hospital, Bangkok

Government Representative—

H. S. H. Prince Vallabhakara, Bangkok

Non-official Representative—

Dr. George McFarland, Bangkok

Straits Settlements.

Vice-President—

Dr. A. L. Hoops, Principal Civil Medical Officer, Singapore

Government Representative—

Dr. J. W. Schurff, Port Health Officer, Singapore

Non-official Representative—

Dr. R. D. Fitzgerald, Principal Medical Officer, Malay States, Johore

United States of America.

Vice-President—

Lt. Col. Edward B. Vedder, United States Army Medical Research Board, Bureau of Science, Manila

United States of America—concl'd.*Government Representative—*

Major Samuel A White, Philippines Medical Department, Manila

Non-official Representative—

Dr C R Fiske, United States Public Health Service, Manila

Honorary Adviser to the Council

Dr Victor G Heiser, Rockefeller Foundation 61, Broadway, New York City

OFFICIAL DELEGATES AND REPRESENTATIVES
British India

CIVIL DEPARTMENT

- * Major General T H Symons CSI OBL KHS IMS Director General Indian Medical Service Delhi
- * Colonel J D Graham CIE IMS Public Health Commissioner with the Government of India Delhi
- Bt -Colonel S R Christophers CII OBE KHP FRS IMS, Director Central Research Institute Kasauli
- Captain K R A Iyengar IMS Assistant Director Central Research Institute Kasauli
- * Major J A Sinton VC OBE, IMS Director Central Malaria Organization Kasauli
- * Lt Col T C McCombie Young IMS Central Malaria Organization Kasauli
- * Captain I J Barraud Central Malaria Organization Kasauli
- * Lt Col R McCarrison CIE IMS Director Director of Malaria Diseases Enquiry Coonoor Madras Presidency
- * Major H F Shortt IMS Director Kala azar Commission Gauhati
- * Dr M B Soparkar Imperial Institute of Veterinary Research Mukteswar P O Ritans United Provinces
- * Dr V T Horke Officer in Charge Helmutholo, Calcutta Gaya Bhar and Orissa
- * Dr M I Balfour Haffkine Institute Parel Bombay
- * Dr J W Tomb OBL Asansol Mines Board of Health Asansol
- * Captain G C Vatra IMS School of Tropical Medicine Calcutta
- * Dr A C Scott WMS Chief Medical Officer Women's Medical Service, Delhi
- * Lt Col R B Seymour Sewell IMS Director of the Zoological Survey, Calcutta
- * Major S M Hepworth IMS Superintendent Ray Institute Dacca
- * Mr J T Edwards IVS Director Imperial Veterinary Research Institute Mukteswar P O Ritans United Provinces

MILITARY SERVICES

- * Major-General W H Ogilvie C.B CMG IMS Director of Military Services in India Army Headquarters Simla
- * Lt Col J MacKenzie V.H.S R.A.M.C Director of Hospitals Simla

* The asterisk denotes an official delegate.

- * Colonel A J Williams, D S O, R.A.V.C., Deputy Director of Veterinary Services, Northern Command, Rawalpindi
- Major C H H Harold, O B E, R A M C, Rawalpindi
- Major J A A Kernahan, I M S, Rawalpindi
- Captain A D Loganadan, I M S, Kohat
- Major T O Thompson, R A M C, Meerut
- Major G S Wallace, O B E, R A M C, Poona
- Major C J H Little, O B E, R A M C, Mhow.
- Major J B de Winton Molony, O B E, I M S, Bangalore
- Major J C Pyper, I M S, Saugor
- Captain R C Wats, I M S, Secunderabad
- Major J Heatly Spencer, R A M C, Quetta

ROYAL NAVY

- * Surgeon Commander D H C Given, Royal Navy

ROYAL AIR FORCE

- * Group Captain A V J Richardson O B E, Principal Medical Officer, Royal Air Force in India, Delhi

ASSAM

- * Lt Col T D Munson I M S, Director of Public Health Assam, Shillong.
- * Lt Col J Morison I M S, Director, Pasteur and Medical Research Institute, Shillong

BENGAL

- * Major General G Tate, V H S, I M S, Surgeon General with the Government of Bengal Calcutta
- * Lt Col F A I Barnardo, C I E, C B E, I M S, Principal, Medical College, Calcutta
- * Lt Col J W D Megaw, C I E, V H S, I M S, Director, School of Tropical Medicine, Calcutta
- * Dr C A Bentley, Director of Public Health, Bengal, Calcutta
- * Dr R B Khambata Director of Public Health Laboratory and Professor of Public Health Laboratory Practice, School of Tropical Medicine, Calcutta
- * Dr M I Sufi, Assistant Director of Public Health, Bengal, Calcutta
- * Dr B B Brahmachari Assistant Director of Public Health, Bengal, Calcutta.
- * Dr S N Sur, Assistant Director of Public Health, Bengal, Calcutta
- * Dr R C Ray, Officiating Director of Public Health, Calcutta

- *Dr G L Batra, Assistant Director of Public Health, Bengal Calcutta
- *Dr S N Mitra Assistant Director of Public Health Bengal Calcutta
- *Mr M O T Iyengar, School of Tropical Medicine Calcutta
- *Mr A D McGregor I V S, Principal Bengal Veterinary College Belgachia Calcutta

BIHAR AND ORISSA

- *Colonel W S Willmott I M S I G of Civil Hospitals Bihar and Orissa Patna
- *Lt Col W C Ross I M S Director of Public Health Bihar and Orissa Patna
- *Lt Col H R Dutton I M S Principal Prince of Wales Medical College Patna
- *Dr S M Livesey Superintendent Durbania Medical School Lahore Serai
- *Major C G Howlett I M S Superintendent Orissa Medical School Cuttack
- *Mr D Quinlan I V S Director of Civil Veterinary Department Bihar and Orissa Patna
- *Dr S C Basu Pilgrim Hospital Puri

BOMBAY

- Mr A Hewlett I V S Principal Veterinary Cell & Lemhi
- Mr Jamshyd D Munsiff Director of Public Health Govt of Bombay, Poona
- *Lt Col I P Mackie O B I I M S Director of High & Institute Jarel Bombay
- *Lt Col W M Houston I M S Fort Health Officer Poona
- *Honorary Lt Col R Iow O B I I New Marine Lines, Lenbach

BURMA

- *Col W H C Forster I M S I G of Civil Hospitals Burma, Rangoon
- *Lt Col J Basset I M S Director of Public Health Burma Rangoon
- *Lt Col J Taylor D S O, I M S Director Pasteur Institute Burma, Rangoon
- *Major G G Jolly, C I I I M S First Assistant Director of Public Health and Director, Harcourt Butler Institute of Public Health Burma, Rangoon
- *Mr C G Crow, A I H I M D, Fort Health Officer Rangoon
- *Dr U Maung Gai, Civil Assistant Surgeon Assistant District Health Officer, Bassein

* The asterisk denotes an official delegate

- * Dr U Tha Gya, Civil Assistant Surgeon, Assistant District Health Officer, Akyab
- * Captain S R Rippon, I V S, Superintendent, Civil Veterinary Department, Burma
- * Lt Col R Kelsall V H S, D S O, I M S, Physician, Rangoon General Hospital, Rangoon
- * Lt-Col G H Stewart, O B E, I M S, Civil Surgeon, Bassein.
- * Dr U Aung Tun, Civil Surgeon, Pegu
- * Mr I Charan, Civil Surgeon, Prome
- * Mr A I Simon, Civil Assistant Surgeon, Mandalay
- * Mr U Nee
- * Mr C G Philip

CENTRAL PROVINCES

- * Col J Norman Walker, I M S, I G of Civil Hospitals Central Provinces, Nagpur
- * Lt-Col H G Stiles Webb, I M S, Director of Public Health, Central Provinces, Nagpur

MADRAS

- * Lt Col A J H Russell, C B E, I M S, Director of Public Health, Madras
- * Captain N R Ubhaya, I M S, Assistant Director of Public Health, Madras
- * Major H H King I M S, Director, King Institute, Gundy
- * Lt Col E W C Bradfield, O B E, I M S, Professor of Surgery, Medical College, Madras
- * Rao Sahib Dr T S Tirumurti Avargal Professor of Pathology, Medical College, Vizagapatam
- * Mr R A D Graham, Assistant Superintendent and Lecturer, Medical School Madras
- * Mr F Ware I V S, Veterinary Department, Madras
- * Lt Col J P Cameron, C I E, I M S, I G of Prisons, Madras

PUNJAB.

- * Colonel C R Bakhle, I M S, I G of Civil Hospitals Punjab, Lahore
- * Lt Col C A Gill I M S, Director of Public Health, Punjab Lahore
- * Mr T F Quirke, I V S, Chief Superintendent, Civil Veterinary Department, Punjab, Lahore

UNITED PROVINCES

- * Colonel R F Baird, I M S, I G of Civil Hospitals United Provinces, Lucknow

- * Lt-Col C L Dunn I M S Director of Public Health, United Provinces, Lucknow
- * Dr A N Goyle, Plague Research Officer, United Province Lucknow
- * Dr Saranjam Khan Research Officer, United Provinces, Lucknow
- * Rai Bahadur Dr D D Pandya, Assistant Director of Public Health, United Provinces, Lucknow
- * Captain A P Bajpai I M S (Retd), MacLaren Leper Hospital Dehra Dun
- * Capt K S Nigam, King George's Medical College, Lucknow

Indian States

BARODA

- * Dr R B Chandrachud, Chief Medical Officer, Baroda State Baroda

BENARES

- * Captain S K Chaudhri, I M S (Retd) Chief Medical Officer Benares State, Raunagar

BIKANER

- * Dr N J Banerawalla, Principal Medical Officer Bikaner State Bikaner

DHAR

- * Dr P Sharma State Surgeon, Dhar State Dhar

GWAHOR

- * Major V M Phatak Chief Medical Officer and Sanitary Commissioner, Gwalior State, Gwalior
- * Captain V G Gokhale, Senior Medical Officer, Jaya Arogya Hospital, Gwalior
- * Dr Bhagwatsahayya, Pathologist, J A Hospital Lashkar Gwalior
- * Dr Krishanlal Nehru, Sanitary Commissioner, Gwalior State, Gwalior
- * Dr S S Antia, The Mall, Morel, Gwalior

HOLKAR.

- * Rai Bahadur Dr Sarju Prasad, State Surgeon, Indore State, Indore

HYDERABAD.

- * Dr R N Coorlawala, Superintendent, Osmania Hospital, Hyderabad, Deccan

* The asterisk denotes an official delegate.

- * Major Khaja Moinuddin, Director, Medical and Sanitation Department, Hyderabad
- * Dr S B Surti, Hyderabad
- * Dr. S. W. Hardikar, Hyderabad.

MYSORE

- * Dr. S Subba Rao, Medical Officer, Victoria Hospital, Bangalore.
- * Dr J V Karve, Deputy Sanitary Commissioner in Mysore, Mysore
- * Dr Usman, Chief Medical Officer, Mysore State, Mysore.

PATIALA.

- * Dr W G Wince, Chief Medical Officer, Patiala State, Patiala

SARANGARH

- * Dr. A C Sen Gupta, Chief Medical Officer, Sarangarh State, Sarangarh

TRAVANCORE

- * Dr K. Raman Tampli, Inspecting Medical Officer, Travancore State, Trivandrum

Corporations and Municipalities.

BOMBAY

- * Dr J N Mehta King Edward Memorial Hospital, Bombay

CALCUTTA

- * Dr B C Ghose, 3, Balak Dutt Lane, Calcutta

KARACHI

- * Dr Haji Ghulam Hussein Kasim, Rampart Row, Karachi

MADRAS

- * Rao Bahadur Dr C Natesan Mudahar, Municipal Councillor, 32, Veeraraghava Mudali Street, Triplicane, Madras

RANGOON

- * Dr. K. R. Dalal, Health Officer, Rangoon Municipality, Rangoon, Burma

Special Guests of the Government of India.

- * Sir Walter Fletcher, KBE, Secretary, Medical Research Council, 15, Holland Street, London, England
- * Prof Theodore Madsen, Director of the National Institute of Serotherapy of Copenhagen, Denmark, President Health Committee, League of Nations

- * Prof J. W. W. Stephens, F R S, School of Tropical Medicine, Liverpool, England
- * Sir Malcolm Watson, Kt, LL D, Klang, Federated Malay States

Australia.

- * Dr A H Baldwin, Australian Institute of Tropical Medicine, Townsville

Great Britain.

Ministry of Health.

- * Lt Col S P James, M D, I M S, (Retd) Ministry of Health, London.

Ceylon.

- * Dr J F E Bridger, Sanitary Commissioner Colombo
- * Dr S T Gunasekera, Assistant Director of Sanitary Services Colombo
- * Dr L H Hirst

China and Shanghai.

- * Dr E P Hicks, Assistant Commissioner of Public Health Municipality of the International Settlement Shanghai
- * Dr Huchenghsiang Peking Union Medical College Peking
- * Dr Adolf Kessler, Professor of Pharmacology Tung-Chi University, Paulum Hospital, 22R, Burkell Road, Shanghai
- * Dr T C Chin Head of the Health Department Ministry of Interior Peking
- Dr Bernard F Read, Professor, Peking Union Medical College Peking
- * Dr Wu Lein Teh Plague Preventive Service Harbin
- Dr Charles W Young, Peking Union Medical College Peking

Egyptian Maritime, Sanitary and Quarantine Board.

- * Dr F d Herelle

Federated Malay States.

- * Dr R D Fitzgerald, Principal Medical Officer Johor
- * Dr A R Wellington, Senior Health Officer F M S Kuala Lumpur

French India.

- * Major V G F Labeyrie, Chief of the Laboratory of Poncherry, Pondicherry

* The asterisk denotes an official delegate

- * Major Khaja Monuddin, Director, Medical and Sanitation Department, Hyderabad
- * Dr. S B Surti, Hyderabad
- * Dr. S W Hardikar, Hyderabad.

MYSORE

- * Dr S Subba Rao, Medical Officer, Victoria Hospital, Bangalore.
- * Dr J V Karve, Deputy Sanitary Commissioner in Mysore, Mysore
- * Dr Usman, Chief Medical Officer, Mysore State, Mysore.

PATIALA.

- * Dr. W G Wince, Chief Medical Officer, Patiala State, Patiala.

SARANGARH

- * Dr A. C Sen Gupta, Chief Medical Officer, Sarangarh State, Sarangarh

TRAVANCORE

- * Dr. K Raman Tampi, Inspecting Medical Officer, Travancore State, Trivandrum.

Corporations and Municipalities.

BOMBAY

- * Dr J N Mehta, King Edward Memorial Hospital, Bombay

CALCUTTA

- * Dr B C Ghose, 3, Balak Dutt Lane, Calcutta

KARACHI

- * Dr Haji Ghulam Hussein Kasim, Rampart Row, Karachi.

MADRAS

- * Rao Bahadur Dr C Natesan Mudaliar, Municipal Councillor, 32, Veeraraghava Mudali Street, Triplicane, Madras

RANGOON.

- * Dr. K. R. Dalal, Health Officer, Rangoon Municipality, Rangoon, Burma

Special Guests of the Government of India.

- * Sir Walter Fletcher, KBE, Secretary, Medical Research Council, 15 Holland Street, London, England
- * Prof Theodore Madsen, Director of the National Institute of Serotherapy of Copenhagen, Denmark, President, Health Committee, League of Nations

* Prof J. W. W. Stephens, F.R.S., School of Tropical Medicine, Liverpool, England

* Sir Malcolm Watson, Kt., LL.D., Klang Federated Malay States

Australia.

* Dr A. H. Baldwin, Australian Institute of Tropical Medicine, Townsville

Great Britain.

Ministry of Health

* Lt Col S. P. James, M.D., I.M.S., (Ptd) Ministry of Health, London.

Ceylon.

* Dr J. F. E. Bridger, Sanitary Commissioner Colombo

* Dr S. T. Gunasekera, Assistant Director of Sanitary Services Colombo

* Dr L. H. Hurst

China and Shanghai.

* Dr E. P. Hicks, Assistant Commissioner of Public Health Municipality of the International Settlement Shanghai

* Dr Huchenghsiang Peking Union Medical College Peking

* Dr Adolf Kessler, Professor of Pharmacology, Tung Chi University Paulum Hospital, 23R, Burkell Road, Shanghai

* Dr T. C. Chun Head of the Health Department, Ministry of Interior Peking

Dr Bernard P. Head, Professor, Peking Union Medical College Peking

* Dr Wu Len Teh, Plague Preventive Service Harbin

Dr Charles W. Young Peking Union Medical College Peking

Egyptian Maritime, Sanitary and Quarantine Board.

* Dr F. d'Herelle

Federated Malay States.

* Dr R. D. Fitzgerald, Principal Medical Officer Johore

* Dr A. R. Wellington, Senior Health Officer I.M.S., Kuala Lumpur

French India.

* Major V. G. F. Labeyrie, Chief of the Laboratory of Pondicherry, Pondicherry

* The asterisk denotes an official delegate

Hongkong.

- * Dr. W B A Moore, C/o Hongkong and Shanghai Bank, 9, Grace Church Street, London, E C 3

Indo-China

- * Dr P Hermant, Medicine Principal, Vinh, Annam

- * Dr E. Jourdran, Director, Local de la Sante du Tonkin, Hanoi

Formosa.

- * Prof Tsugio Horinuchi, Professor, Medical College, Taihoku

Major Toshinobu Miyamoto, Chief Veterinarian for the Research of Animal Diseases, Veterinary Surgeon, Department of Agriculture of Government Research Institute, Taihoku

- * Dr. K Morishita, Government Medical Zoologist, Government Research Institute, Formosa

Dr Shigeru Kribayashi, Chief Medical Officer, Quarantine Office, Keelung

Japan

- * Dr Fusao Fukuda Tokyo Imperial University, Tokyo

- * Dr Seigo Funaoka, Anatomical Institute of Imperial University, Kyoto

- * Dr Sahachiro Hata Professor of Microbiology, Keio Giku University Medical College, Kitasato Institute Tokyo

Dr Kaoru Ishimitsu Doctor of the Osaka Steamship Co, Kobe

- * Col. Katsumi Matsuno, IJA, MC, Imperial Japanese Army, Tokyo.

- * Dr N Nakamura, Veterinary Laboratory, Nishizahara, Tokyo

- * Dr. Yutaka Nakamura, Professor of Bacteriology, Hokkaido Imperial University, Sapporo

- * Dr Naosuke Onodera, Professor of Kyushu Imperial University, Fukuoka

- * Dr. Rokuro Takano, Chief Health Officer, Sanitary Bureau, Ministry of Home Affairs, Tokyo

- * Captain Shin Ichiro Takasugi, Medical Corps Imperial Japanese Navy, Tokyo

- * Dr Tenji Tamaguchi, Member of the Government Institute for Infectious Diseases, Imperial University, Tokyo

Korea.

- Dr (Mrs) Rosetta Sherwood Hall, L.H M, Hospital and Baldwin Dispensary, Keijo

- * Dr Harujiro Kobayashi, Chosen Government General Hospital, Keijo
- * Dr K. Shiga, Dean of the Medical Faculty, Keijo, Imperial University, Chosen

Kwantung.

- * Dr Harumitsu Kubota, Manchuria Medical College, Mukden

League of Nations.

- * Prof Theodore Madsen, Director, National Institute of Scrofery, Copenhagen, Denmark
- * Dr Raymond Gautier, Director, Eastern Bureau, League of Nations, 67, Robinson Road, Singapore

Macao.

- * Captain Peregrino da Costa, Surgeon of the Sanitary Department, Macao

Nepal

- * Dr Siddhumi Acharya Dixit, Katmandu
- * Dr Ganesh Lal Maskey, Assistant Surgeon, Katmandu.

Netherland East Indies.

- * Col S L Brug, Director, Genees Kundang Laboratorium, Weltevreden
- * Dr O Dog-eller, Secrétaire Général et Trésorier de l'Association, Weltevreden.
- * Le Major Dr J M Elshout, Chief de l'hôpital militaire à Batavia Nether lands
- * Dr B C P Jansen, Chief Chemical Department Medical Laboratory Weltevreden
- * Le Capitaine Dr H de Rook Service Medical Militaire, Netherlands

Philippine Islands.

- * Dr José Fabella, Public Welfare Commissioner Manila
- * Major A Parker Hitchens, Medical Adviser to the Governor General, Manila
- Dr Gabriel Intengan, Philippine Health Service, Manila
- Dr De Leon, College of Medicine, University of the Philippines, Manila
- * Dr Otto Schöll, M U, Bureau of Science Manila

Portuguese India.

- * Col I Froilano de Mello, Director General of Medical Services in Portuguese India, Nova Goa

Siam.

- * Col Phya (Nai Cheune) Damrong, Director, Hospital Section, The Siamese Red Cross Society, Chulalongkorn Red Cross Hospital Bangkok
- * H S H Prince Vallabhakara, Bangkok
- Dr George B McFarland, Bangkok
- Prof T P Noble, Professor of Surgery, Chulalongkorn University, Bangkok
- * Prof Nai Chalern Prommas, Assistant Pathologist, Chulalongkorn University, Bangkok.
- * Dr Luang Chedt, Ministry of Interior, Bangkok.
- Captain Laung Prachaks, Ophthalmic Surgeon, Chulalongkorn Red Cross Hospital, Bangkok

Straits Settlements.

- Dr Yves M Biraud, 67, Robinson Road, Singapore
- * Dr A L Hoops, Principal Civil Medical Officer, Singapore
- * Dr J W Scharff, Port Health Officer, Singapore
- Prof J L Rosedale, College of Medicine, Singapore

Sumatra.

- Dr W B Doorenbos Catharina Hospital, Kisaran.
- Dr E E Surbel, Central Hospital, Pager Alam, Via Palembang

United States of America.

- * Dr C R Eskey, United States Public Health Service, Manila
- * Dr Victor G Heiser, Rockefeller Foundation 61, Broadway, New York City.
- Lt Col Edward, B Vedder, Army Medical Research Board Bureau of Science, Manila
- * Major S A White, Philippines Medical Department, Manila
- Dr Cochrane

* The asterisk denotes an official delegate.

LIST OF CHAIRMEN OF SCIENTIFIC SECTIONS ELECTED BY
THE COUNCIL.

Subject.	Morning	Afternoon
----------	---------	-----------

Monday, 5th December—

Room A, Section II—

Malaria (Control)	Sir Walter Fletcher K B E	Sir Walter Fletcher, K B I
-------------------	------------------------------	-------------------------------

Room B Section I A—

Medicine	Lt Col R. Row O B F	Dr Banerjee
----------	---------------------	-------------

Room C Section III—

Plague	Col J D Graham C I C	Lt Col E P Mackie, O B F
--------	----------------------	-----------------------------

Room D, Section I B—

Surgery	Major General G. Tate V H S	Col Phya Damrong
---------	--------------------------------	------------------

Room E, Section 1—

Nutrition	Lt Col Edward B Vedder	Lt Col Edward B Vedder
-----------	---------------------------	---------------------------

Room F, Section I C—

Dentistry

Room G Section I C Dr S T Gunasekera

Tuesday, 6th December—

Room A, Section II—

Malaria (General)	Sir Malcolm Watson	Sir Malcolm Watson.
-------------------	--------------------	---------------------

Room B Section I A—

Medicine Dermatology	Dr W B A Moore	Dr Nas Chalern Prommas
----------------------	----------------	---------------------------

Room C, Section III—

Cholera	Dr A R Wellington	Dr A R. Wellington.
---------	-------------------	---------------------

Room D, Section I B—

Ophthalmology	Col C R Bakhle	Lt Col W V Copinger
---------------	----------------	------------------------

LIST OF CHARMEN OF SCIENTIFIC SECTIONS ELECTED BY
THE COUNCIL—*contd*

Subject.	Morning	Afternoon.
Tuesday, 6th December— <i>contd.</i>		-
<i>Room E, Section V—</i>		
Deficiency	Dr Victor G Heiser	Dr Victor G Heiser
<i>Room F, Section III—</i>		
Plague		Lt Col F P Mackie, O B E
<i>Wednesday, 7th December—</i>		
<i>Room A Section IV—</i>		
Malaria (Treatment)	Prof J W W Stephens	Prof J W W Stephens
<i>Room B, Section II—</i>		
State Medicine	Dr A. L Hoops	H S H Prince Valla bhakara.
<i>Room C, Section III—</i>		
Dysentery, Bacteriophage etc	Prof K Shiga	Lt -Col J Morrison
<i>Room D, Section—</i>		
Medicine, Surgery	Prof Tsugio Horiuchi	
<i>Room E, Section V—</i>		
Immunology and Chemotherapy	Prof S Hata	Dr Tenji Taniguchi
<i>Room F, Section VI—</i>		
Veterinary	Col Williams R.A.V.C.	Dr N Nakamura
<i>Room G, Section V—</i>		
Deficiency and Nutri- tional Diseases	Dr Victor G Heiser	
<i>Thursday, 8th December—</i>		
<i>Room A, Section IV—</i>		
Kala azar	Lt Col S P James	Col. I Froilano de Mello

LIST OF CHAIRMEN OF SCIENTIFIC SECTIONS ELECTED BY
THE COUNCIL—contd

Subject	Morning	Afternoon
---------	---------	-----------

Thursday, 8th December—contd

Room B, Section II—

State Medicine	Dr Wu Liem Teh	Dr C R Eskey
----------------	----------------	--------------

Room C, Section III—

Leprosy	Dr J F E Bridger	Dr Otto Schöbl
---------	------------------	----------------

Room D, Section I—

Mental Hygiene	Dr Usman
----------------	----------

Room E, Section I—

Rabies Pharmacology	Dr B C P Jansen	Dr B C P Jansen
---------------------	-----------------	-----------------

Room F, Section VI—

Veterinary	Mr J T Edwards	Dr E Jourdan
------------	----------------	--------------

Room G, Section I—

Ophthalmology	Lt Col. W V Coppinger
---------------	-----------------------

Friday, 9th December—

Room A, Section IV—

Helminthology	Dr Hucheng Hsiang	Dr Hucheng Hsiang
---------------	-------------------	-------------------

Room B Section II—

Maternity and Child Welfare	Dr A C Scott	Dr J Fabella
-----------------------------	--------------	--------------

Room C, Section III—

Bacteriology	Dr F d Herelle	Dr A H Baldwin
--------------	----------------	----------------

Room D, Section II A—

Protozoology	Col S L Brug	Section II— Dr Naosuke Onodera
--------------	--------------	-----------------------------------

Room E Section II B—

Medical Entomology	Col S R Christophers, C.I.E., O.B.E.	Col S R Christophers, C.I.E., O.B.E.
--------------------	--------------------------------------	--------------------------------------

LIST OF CHAIRMEN OF SCIENTIFIC SECTIONS ELECTED BY
THE COUNCIL—*concl.*

Subject	Morning	Afternoon
<i>Friday, 9th December—<i>concl.</i></i>		
<i>Room F, Section III B—</i>		<i>Section II—</i>
Tuberculosis	Major A Parker Hitchens	Dr Kingtzechin.
<i>Room G, Section III—</i>		<i>Section I—</i>
Cholera	Dr A R Wellington	Prof S Hata
<i>Saturday, 10th December—</i>		
<i>Room A Section IV—</i>		
Kala azar and Proto- zoology	Lt Col S P James	
<i>Room B, Section II—</i>		
Maternity and Child Welfare	Dr A C Scott	
<i>Room C Section III—</i>		
Bacteriology	Dr A H Baldwin	
<i>Room D, Section I—</i>		
Mental Hygiene and Radiology	Dr E Jourdan	
<i>Room E, Section V—</i>		
Medical Entomology and Helminthology	Col S R Christophers, CIE, OBE	,
<i>Room F, Section VI—</i>		
Veterinary	Mr J T Edwards	

RAPPORTEURS OF SCIENTIFIC SECTIONS.

Medicine	.	Dr J M Henderson,	Bengal
Surgery	.	Lt Col E W C Bradfield, OBE, IMS,	Madras.
Dentistry	.	Mr J E Gill,	Bengal
Plague	.	Lt Col J Taylor, DSO IMS	Burma
Malaria (Control)	.	Lt Col C A Gill, IMS,	Punjab
Malaria (General)	.	Bt-Col S R Christophers, CIE, OBE, KHP, FRS, IMS,	Punjab
Malaria (Treatment)	.	Major J A Sinton, VC, OBE, IMS	Punjab
Nutritional Diseases	.	Major Clive Newcomb, IMS,	Madras
Deficiency Diseases	.	Major Clive Newcomb, IMS,	Madras
Pathology	.	Major G Shanks, IMS,	Bengal
Ophthalmology	.	Major E O G Kirwan, IMS,	Bengal
Gynaecology, etc	.	Dr M I Balfour, WMS,	Bombay
Cholera	.	Lt Col A J H Russell, OBE, IMS,	Madras
State Medicine	.	Major G G Jolly, CIE, IMS,	Burma
Dysentery and Bac- teriophage	.	Lt Col J Morrison, IMS	Burma
Immunology	.	Captain K R K Iyengar, IMS,	Punjab
Veterinary	.	Mr F Ware, IVS,	Madras
Mental Hygiene	.	Lt Col Owen Berkeley Hill, IMS	Bihar and Orissa
Radiology	.	Lt-Col. J A Shorten, IMS,	Bengal
Leprosy	.	Dr F Muir,	Bengal
Kala-azar	.	Dr L E Napier,	Bengal
Helminthology	.	Dr V T Korke	Bihar and Orissa
Pharmacology	.	Lt Col R N Chopra, IMS,	Bengal
Maternity and Child Welfare	.	Dr Routh Young, WMS,	Delhi
Bacteriology	.	Capt K. R. K. Iyengar, IMS,	Punjab
Tuberculosis	.	Dr A C Uhl	Bengal
Protozoology, Pseudo- typhus, etc	.	Lt Col R Knowles, IMS,	Bengal
Medical Entomology	.	Capt P J Barraud,	Punjab

LIST OF CHAIRMEN OF SCIENTIFIC SECTIONS ELECTED BY
THE COUNCIL.—*concl.*

Subject	Morning	Afternoon
<i>Friday, 9th December—contd</i>		
<i>Room F, Section III B—</i>		<i>Section II—</i>
Tuberculosis	Major A Parker Hitchens	Dr Kingtzechin.
<i>Room G, Section III—</i>		<i>Section V—</i>
Cholera	Dr A R Wellington	Prof S Hata
<i>Saturday, 10th December—</i>		
<i>Room A, Section IV—</i>		
Kala azar and Proto zoology	Lt Col S P James	
<i>Room B, Section II—</i>		
Maternity and Child Welfare	Dr A C Scott	
<i>Room C Section III—</i>		
Bacteriology	Dr A H Baldwin	
<i>Room D, Section I—</i>		
Mental Hygiene and Radiology	Dr E Jourdan	
<i>Room E, Section V—</i>		
Medical Entomology and Helminthology	Col S R Christopher, CIE, OBE	*
<i>Room F, Section VI—</i>		
Veterinary	Mr J T Edwards	

RAPPORTEURS OF SCIENTIFIC SECTIONS.

Medicine	.	Dr J M. Henderson,	Bengal
Surgery	.	Lt Col E W C Bradfield, O B E, I M S,	Madras.
Dentistry	.	Mr J E Gill,	Bengal
Plague	.	Lt Col J Taylor, D S O, I M S,	Burma.
Malaria (Control)	.	Lt -Col C A Gill, I M S,	Punjab
Malaria (General)	.	Et Col S R Christophers, C I E, O B E, K H P, F R S, I M S,	Punjab
Malaria (Treatment)	.	Major J A Sinton, V C, O B E, I M S,	Punjab
Nutritional Diseases	.	Major Clive Newcomb, I M S,	Madras
Deficiency Diseases	.	Major Clive Newcomb, I M S,	Madras
Pathology	.	Major G Shanks, I M S,	Bengal
Ophthalmology	.	Major L O'G Kirwan, I M S,	Bengal
Gynaecology, etc	.	Dr M I Baljour, W M S,	Bombay
Cholera	.	Lt Col A J H Russell, C B E, I M S,	Madras
State Medicine	.	Major G G Jolly, C I E, I M S,	Burma
Dysentery and Bac- teriophage	.	Lt Col J Morrison I M S	Burma
Immunology	.	Captain K R K Iyengar, I M S,	Punjab.
Veterinary	.	Mr F Ware, I V S,	Madras
Mental Hygiene	.	Lt -Col Owen Berkeley Hill, I M S,	Bihar and Orissa
Radiology	.	Lt Col. J A Shorten, I M S,	Bengal
Leprosy	.	Dr E Muir,	Bengal
Kala azar	.	Dr L E Napier	Bengal
Helminthology	.	Dr V T Korke	Bihar and Orissa
Pharmacology	.	Lt Col R N Chopra, I M S,	Bengal
Maternity and Child Welfare	.	Dr Routh Young, W M S,	Delhi
Bacteriology	.	Capt K. R. K. Iyengar, I M S,	Punjab
Tuberculosis	.	Dr A C Ukal,	Bengal
Protozoology, Pseudo- typhus, etc	.	Lt -Col R Knowles, I M S,	Bengal
Medical Entomology	.	Capt P J Barraud,	Punjab

A RESUME OF THE PROCEEDINGS OF THE 7TH CONGRESS OF THE
FAR EASTERN ASSOCIATION OF TROPICAL MEDICINE.

December 5th, 1927.

The Delegates and Representatives of the different countries attending the Congress began to arrive in Calcutta from December 1st onwards. They were met on arrival by the General Organizing Secretary and the Local Secretary Treasurer supported by a number of voluntary helpers who assisted the delegates to disembark their luggage and directed them to their places of residence.

Saturday, December 3rd.

The Information Bureau at the Congress buildings was open throughout the day for the registration of members, the distribution of membership cards and badges and invitations and the selection of excursions.

Sunday, December 4th.

The Information Bureau was again open from 10 A M to 4 P M. At 4 P M the General Meeting of Official Delegates and Representatives with the President Major General T H Symons, in the chair, was held at the Congress buildings to nominate members to the Council of the Association. Immediately afterwards the first Council Meeting was held, the President again presiding. Special Church Services in connection with the Congress were held in St Paul's Cathedral (Church of England) and in St Andrews Church (Church of Scotland).

Monday, December 5th,

The 7th Congress of the Far Eastern Association of Tropical Medicine was officially opened by His Excellency the Governor of Bengal at the University Senate House at 10 a m. Over 900 distinguished guests, delegates and members attended the function. His Excellency first read a message of welcome from His Excellency the Viceroy and then addressed the assembly. The President of the Association, Major General T H Symons Director-General, Indian Medical Service, next delivered his presidential address. The official proceedings then terminated and the delegates proceeded to the opening sessions of the scientific sections.

The number of scientific communications received necessitated their allotment into six separate sections which met more or less simultaneously throughout the week.

The morning from 11 A.M. to 1 P.M. was occupied by the opening sessions of sections IV (Malaria), I A (Medicine), III (Plague) I B (Surgery), V (Nutritional diseases) and I C (Dentistry) (See Scientific Programme)

By special arrangement beforehand the section on Plague was held as
"W.E.T.M. and the Expert Plague Committee
ions. All the above sections
the afternoon sessions from

At 4.30 P.M. the Director and Staff of the Calcutta School of Tropical Medicine were 'At Home' to the foreign official delegates and members and their wives and later to all members of the Congress. This function coincided with the opening of the Scientific Exhibition which was for the most part housed therein and the members spent a very enjoyable afternoon inspecting the school and the exhibits.

At 9.30 P.M. the official delegates and members attended a reception given at Government House by His Excellency the Governor of Bengal. Many of the delegates had the honour of being presented to His Excellency and the Hon'ble Lady Jackson. They also had the opportunity of meeting each other and many of the leading citizens of Calcutta. The Commercial Exhibition was open to members of the Congress throughout the day.

Tuesday, December 6th.

The morning from 10 to 1, and the afternoon, from 2 to 4 were wholly occupied with sectional meetings under the chairmen of the various sections.

At 1 o'clock the foreign delegates were entertained to lunch by the Calcutta Rotary Club when an address on the International Relationship of India in regard to Public Health was delivered by Col J. D. Graham J.M.S. the Public Health Commissioner with the Government of India.

Between 4 and 7 P.M. separate parties of members visited the Calcutta Medical College, the Presidency General Hospital and the Indian Association for the Cultivation of Science where Professor C. V. Raman F.R.S., gave demonstrations of his work on surface tension and X-ray analysis.

During the afternoon the Bengal Presidency Council of Women gave a garden party in the grounds of H.E. the Viceroy's residence Belvedere, to which all the lady members and wives of members of the Association were invited.

At 9.30 P.M. Sir J. C. Bose, C.S.I., C.I.E., F.R.S., gave an address on plant and animal response to various artificial stimuli which was well attended by the members of the Congress.

Wednesday, December 7th.

The Scientific Sections met once more between 10 to 1 and 2 to 4 according to the pre arranged programme. A demonstration of cinema films of Public Health interest was given at Madan's Cinema theatre to members of the Congress between 2 and 4.

At 4.30 P.M. the Asiatic Society of Bengal gave an interesting 'At Home' to the foreign members of the Congress when the valuable literary and art treasures belonging to the Society were laid open for inspection. In the evening the Trustees of the Indian Museum provided a very successful conversazione in the Museum at which His Excellency the Governor and the Hon'ble Lady Jackson were present and to which all delegates and members of the Congress were invited. The various departments of the Museum were exhibited to the members by the staff of the museum.

Thursday, December 8th.

The 2nd meeting of the Council was held in Committee Room No 1 at 9 A.M.

The Scientific Sections held their meetings as usual from 10 A.M. to 1 P.M. and 2 to 4 P.M.

The Expert Plague Committee of the League of Nations with co-opted expert members of the F.E.A.T.M. met in committee to consider recommendations as to important lines of further investigation in regard to Plague. From 2 to 4 P.M. a second demonstration of cinema films of scientific interest to the Carmichael Gal Chemical and

Friday, December 9th.

The reading of papers and discussions in the various Scientific Sessions again occupied the time from 10 A.M. to 1 P.M. and 2 to 4 P.M.

The Expert Plague Committee of the League of Nations held its second meeting.

During the course of the afternoon the members attended a garden party at Government House given by H.E. the Governor and the Hon'ble Lady Jackson where they once more had the opportunity of meeting the citizens of Calcutta. Dr Rabindranath Tagore at 6 o'clock gave a special performance of his play 'Rituranga' at his own house to which he invited the foreign members and their wives.

Saturday, December 10th.

The 3rd meeting of the Council was held at the Congress buildings at 9 A.M.

From 10 to 12 A.M. the final meetings of the scientific sections were held to complete the business of the sections and pass resolutions. The general business meeting of the Association was held in the University Senate House at 12 noon. Sir Muhammad Habibullah, the Hon'ble Member of H.E. the Viceroy's Council for the portfolio of Education, Health and Lands, attended the meeting and addressed the delegates at its conclusion. He also paid an official visit to the Congress buildings and inspected the scientific and commercial exhibitions during the course of the afternoon.

The afternoon from 2-30 onwards was devoted to excursions to various places of interest in the locality. A large party of delegates and members were the guests of the Port Commissioners and undertook a river trip to the Botanical Gardens where they had tea. Other parties visited the Calcutta Water Works and the Anti-malarial Co-operation Society's work at Panihati and others again patronized organized excursions round Calcutta visiting the temples, burning ghats and other well-known sights of the city.

The Congress Dinner was held at 8 P.M. at H.E. the Viceroy's residence, Belvedere, graciously lent for this purpose by His Excellency the Viceroy.

H E Sir Stanley Jackson presided and the Hon ble Lady Jackson graced the occasion with her presence Over 400 sat down to dinner During the

to a close

The Congress Exhibition

At the Congress an exhibition was organized. This exhibition was divided into two parts. The object of the former was to place before the Congress some of the research work which is at present being done in India in connection with medicine, surgery, public health, veterinary science and other specialties. The latter showed samples of medical equipment and apparatus used in India.

The exhibition was held inside the hall and its surroundings and their friends. Both exhibitions in spite of the small amount of time available during the Congress week were well attended by the delegates. Sir Muhammad Habibullah the Hon ble Member for Education Health and Lands visited the exhibitions on the afternoon of December 10th. Separate catalogues were prepared for each Exhibition. These will be included in the completed Transactions of the Congress. By order of the Council a diploma of merit was issued to the firms who exhibited in the Commercial Exhibition.

MESSAGE FROM HIS EXCELLENCY THE VICEROY TO THE DELEGATES AND MEMBERS OF THE 7TH CONGRESS OF THE FAR EASTERN ASSOCIATION OF TROPICAL MEDICINE.

' It is with great pleasure and with a keen sense of the importance of the occasion that I welcome your Association to day India early recognized the possibilities of the movement which started, I understand by the enterprise of a small group of earnest until now it embraces nearly al recognized as the most represent with the public health and disc highly gratified to have the opportunity of welcoming its members to India, where there are still such great opportunities for those interested in medical research Indian representatives on your Association have been hospitably entertained in the past in Manila, Hongkong, Saigon, Java, Singapore and Tokyo I trust that our guests may carry away as pleasant recollections of the Congress as our own delegates preserve of previous gatherings elsewhere

' I wish your Congress all success I feel sure that the free interchange of thought and the opportunities for meeting, under pleasant social conditions, workers of different nationalities and of varying experience will have a real value for those who are gathered here to day '

THE RIGHT
GOVER.
THE 7TH
7.

GENTLEMEN,

I deem it a great privilege to have the honour of opening this Congress to-day. His Excellency the Viceroy has asked me to convey a message to you which I will now read.

(His Excellency then read H. E. the Viceroy's message.)

Gentlemen this is the Seventh Congress of the Far Eastern Association of Tropical Medicine though it is the first to be held in Calcutta.

The history of medicine in India begins with the *Upanishads*, which are believed to date back to 1500 B.C., but the best known names in connection with Indian medicine are Sushruta and Charaka who flourished about five or six hundred years before the beginning of the Christian era.

Their writings are, I understand still revered by many practitioners of medicine in India and all of us can unite in paying homage to these great men of old who lived and worked before the time of Hippocrates.

The modern history of medicine in Calcutta contains some names of special interest to workers on tropical diseases. The names of Timothy Lewis and Cunningham will be familiar to many of you. Their work was done at a time when interest in medical research was low and so their discoveries have not received the recognition which they deserve.

... discovery which was made
by Sir Ronald Ross. You will be interested to see
here how he toiled and wrested from
Nature her jealously guarded secret of the transmission of malaria. It is
a matter of great regret that Sir Ronald now full of years and honours is
prevented by ill health from being with us to-day.

You are also familiar with the work of Sir Leonard Rogers who worked for many years in the Medical College where many of your meetings will be held.

Sir Leonard was not merely a research worker, but was responsible for the erection of the new School of Tropical Medicine and Hygiene in which a small band of workers are engaged in pursuing the researches which were
done by Ross and
the school in Calcutta
and perseverance.

There are men who are now engaged in medical research in Calcutta and

... in the United States and the other countries of the Far East as well as workers from America and Europe.

Your presence here is most gratifying and for two reasons. One is that we may show you what is being done here, and what is perhaps more im-

portant, that we may learn from you and obtain suggestions for the improvement of our work

Among our ~~welcome~~ - - - - - in the domain they possess a many of them have fought all their professional lives with these enemies of humanity and in many cases have defeated and exterminated them

During your visit you will discover and appreciate the vastness and complexity of the problems which confront our workers in India, and if you make your survey of India in a sympathetic spirit, you will probably realize the serious efforts which are being made in Bengal and all over India for the control of disease

From the early days of British rule in India the importance of public health was realized but the policy of Government was based on the view that it was necessary, first of all, to educate the people and to secure their goodwill towards public health measures. For this reason attention was first concentrated chiefly on medical relief. This may not have been the quickest way, but it was probably the surest and safest and that the policy has justified itself is proved by a steadily growing demand not merely for doctors, but also for health officers

Prevention is better than cure, but we cannot force preventive measures on unwilling people any more than we can compel a horse to drink merely by bringing him to the water

There are some hopeful signs in Bengal. I am informed that thousands of people are coming for intravenous injections for the treatment of kala azar, which is one of our special scourges

Inoculation against cholera is readily accepted by people who a few years ago would have resisted to the death. People with early leprosy are coming forward in numbers for treatment, and generally there is a gratifying increase of the receptiveness of the people for modern methods of treatment and prevention of disease. Another hopeful sign of the times is the rapid rise of voluntary co-operative societies for the control of malaria and kala azar. The success of these is chiefly due to the efforts of a former Assistant of Sir Leonard Rogers—Rai Bahadur Dr Gopal Chandra Chatterjee

The awakening of a spirit of self help is a great advance, it greatly facilitates the work of Government agencies and it is likely that Dr Bentley will be able to show you how rapidly the attitude of the people is changing. Apathy and indifference are disappearing and in many places there is an embarrassing demand for preventive measures, especially against cholera. More inoculations against this disease have been carried out in the past few months than in all the years since the introduction of anti cholera inoculation. If we lay stress on the hopeful signs you must not imagine that we minimize the difficulties which still lie ahead. The obstacles to advance have not yet been swept away, but it is important that they are beginning to yield and it is likely that we are approaching a period of interest in public health, which will require even more tactful handling than the prolonged apathy of former generations

Research work appears to have outstripped the practical application of the results of research but we cannot afford to call a halt in research. Every new important discovery has a great value in promoting the efficiency and economy of public health measures. The recent discoveries in connection

Such a Congress as this should be welcomed to Bengal as a relieving army to the besieged. We in this Presidency are unfortunately the victims of several virulent scourges such as cholera which at the moment is very rife, malaria and kala azar and we are hopefully looking to the results of your deliberations to help us along the road towards some relief.

I beg to offer this Congress a hearty welcome to this city and to Bengal and to express the hope that their stay here may prove enjoyable and that your memories when you leave will be in all respects satisfactory and agreeable.

PRESIDENTIAL ADDRESS DELIVERED BY MAJOR-GENERAL T. H.
 SYMONS, C.S.I., K.H.S., I.M.S., DIRECTOR-GENERAL, INDIAN
 MEDICAL SERVICE, PRESIDENT, 7TH CONGRESS, F. E. A. T. M.
 AT THE OPENING CEREMONY, DECEMBER 5TH, 1927.

YOUR EXCELLENCY, LADIES AND GENTLEMEN,

It is my pleasure to extend a welcome to the great. India realize that you have been put to enable you to leave your work and country in order to attend this conference, and for this reason we are all the more pleased to see you. This is the first time the F E A T M has honoured India in making it its centre of activities, I can only hope that it will not be the last. I can assure those who have come from afar that India is prepared to give you of its best and we hope most sincerely that you will go away with very pleasant recollections of your visit.

As President of this great assembly I am sure you would like me to take this opportunity of expressing our thanks to His Excellency Lord Irwin the Viceroy of this great country for his message of welcome, sympathy and encouragement which His Excellency Sir Stanley Jackson has just read out to us. It is most fortunate that we should have at the head of the administration of this country a man of such sterling qualities, immense capabilities and sympathetic tendencies towards our work and we regret most sincerely, that His Excellency is not able to be here to day. Our thanks are also due to His Excellency for permitting us to hold the conference dinner at his Calcutta residence, viz., Belvedere. This concession we greatly appreciate, and consider it a great honour conferred upon us.

His Excellency Sir Stanley Jackson, the Governor of this Presidency most kindly consented to open the conference and it is my pleasurable duty, Sir to thank you on behalf of all present, not only for coming here to-day and opening the conference at no inconsiderable inconvenience to yourself, but also for taking such an interest in the proceedings and extending your hospitality to members at a Garden Party and a Reception at Government House. We greatly appreciate the alacrity with which you so kindly con-

...
 Hold on Saturday
 in our which

I would like also to thank this City of Calcutta for the welcome which it has extended to the members of the congress. Everything that the office bearers have asked for has been granted and all who have been approached have been unstinting in their efforts to make the meeting a success. One has to remember that life in a city like this is very strenuous. Everybody, who is anybody, is hard at it from early morning to dewy eve. Knowing this fact therefore, we appreciate all the more what has been done and are correspondingly grateful.

I do not know if this is the time and place for thanking individual member of the staff but I would like to put it on record how much we appreciate the work done by the General Organizing Secretary, Colonel Cunningham.

It is he who has been the life and drive of all the arrangements and I feel sure that you will most heartily endorse my remarks when during the period of your stay in India you begin to realize for what he has been responsible

Reason for These Conferences—These Conferences—and the same applies to all medical conferences the world over—are held for mainly one purpose, viz the increase of our knowledge of disease. Race, religion, colour and sect form no barriers where scientific medicine is concerned. If we as a

It is an important feature of such congresses as this that they emphasize to our profession and to the public the great importance of measures against disease in tropical countries and bring home to the Governments of such countries a fuller realization that the organization of an adequate public health administration is one of the greatest of their many responsibilities

Workers—Whenever I think of the work done and often under the most adverse conditions by the members of medical scientific associations it always leaves me with two very satisfactory feelings. The first is the amount of work which is being carried on whereby the secrets of nature are being investigated and turned to the advantage of mankind generally. The second that I have the honour of being a member of that profession which I have no hesitation in saying is second to none. Instances are many where the world has gone out into the garden of pestilence never to return. The death in 1924 of Major Cragg I M S from typhus fever which he was investigating was a serious loss to our research department while the recent tragic death of Adrian Stokes is so fresh in your memories that it requires no words of mine to remind you of it. He met his death whilst putting the finishing touches to an investigation of one of the most virulent and fatal diseases known to man. We learn from his latest despatches that—to quote his own words—

We have the fish hooked all right and unless we are careless and break the tackle it will only be a question of time and yet when the goal was in sight and the battle practically won he who was largely responsible for all that had been done was not allowed to see the ultimate and successful results of his labours. Ladies and gentlemen it is men like Cragg and Stokes whom we honour and admire and since fate decreed that their lives should be forfeit for the work that they accomplished it will not prevent other workers putting their hands to the plough and bringing to a completion that which they had so nearly finished. Those who are trying to wrest from Nature her secrets in connection with disease are invariably faced with dangerous possibilities but they take those risks knowing full well that the knowledge gained will be well worth the risk involved.

As
near
was

ion with this
second in the
Then there

“ *From a diatribe owing to the Great War—*
before the next conference was held. The resuscitation was due to the energies of the Dutch scientists in Java and naturally the conference was held

in that Island Japan in 1925 The fifth was held at Singapore in 1923 and the sixth in

In looking up previous Presidential addresses I note there has been no uniformity in the subject selected by the various past Presidents, so with your kind permission I am going to take as my theme the principal epidemic diseases encountered in this country pointing out, where possible, what has been done and noting in passing the difficulties which are constantly with us. I have ventured to adopt this method of procedure because of the im-

When you start off on your tour you is the great distances which e I may be permitted to quote a few as it will serve to bring home this fact in the most practical manner—

							Miles
Calcutta to Bombay	.	.	.	.	.	.	1,349
Calcutta to Delhi	.	.	.	.	.	.	902
Calcutta to Peshawar	.	.	.	.	.	.	1,500
Calcutta to Madras	.	.	.	.	.	.	1,032
Calcutta to Dibrugarh	.	.	.	.	.	.	830
Delhi to Bombay	.	.	.	.	.	.	865
Delhi to Madras	.	.	.	.	.	.	1,569
Delhi to Tuticorin	.	.	.	.	.	.	2,013
Delhi to Peshawar	.	.	.	.	.	.	585

Then we have Burma which is 3 days by sea from Calcutta

Now, ladies and gentlemen, you will realize from what I have just read out to you that India is not a country, in the ordinary sense of the word, but a ~~country~~ in fact equal in area and more than equal in population. If you grasp this fact you will at once be in a position of tackling all the interesting and important questions which arise in connection with epidemic diseases.

Another point—India is a country of many races, religions and languages. You may say there are many languages, religions, etc., even in Europe, but I can assure you that the north and south inhabitants of Europe are by no means so far apart as the north and south population of this country. If I were asked to point out similarities between the Pathan of N W India and the Tamil in Tutticorin I would find it difficult to do so.

nobody more alive to this fact than the ~~men~~ ^{men} in this connection specific difficulties exist. Practically all medical relief in this

country is state aided and the state or rather multiples of states are—like most other states in the world—in a chronic condition of trying to balance their budgets. Help from private individuals, those who could afford to come forward handsomely, is not so frequent as we would wish. Moreover, when we are presented with a hospital very rarely is it endowed so that not infrequently its utility is seriously interfered with for want of funds. Then we have the psychology of the population to consider. The average individual either through ignorance or apathy—more frequently the two combined—does not want any improvement in the standard of living. He is quite content to carry on in the same groove as his ancestors did before him, and you may take it from me that it takes a mighty big jolt to shift him out of that rut. There are some who speak disparagingly of the work done by the medical profession in India. They either know nothing concerning the subject, or do not realize what the profession is up against. There may be instances where individuals have not perhaps given of their best, that applies to every walk in life, but, speaking as the head of the medical profession in this country, I can assure you that we are quite prepared that our work should be judged by the best of all judges and critics, viz., time, feeling confident that the mound of knowledge which we have helped to erect, the work which has been carried out, on occasions even with loss of life, will stand as a monument to our activities and testify to what was done to try and improve the conditions.

world wide nature. I have only to mention cholera and plague to create many thoughts and remind you of many incidents in connection with these two scourges. Then again India is rife with diseases like enteric fever, malaria, venereal, kala-azar, smallpox and the like. A lot has been done

last
ah n
India

Actual number is—
41 lakhs on April 2nd
39 lakhs on April 13th.
Actual number of epidemic diseases—
14 of Smallpox
35 of Pneumonia
7 of Dysentery
168 of Diarrhoea
53 of which proved to be true Cholera

during a period of 90 days and only 53 cases of

requires the spark to bring about an enormous outbreak. I visited the town just before the most important day and was greatly impressed by the prophylactic measures which had been put into practice. Protection of such a number against cholera by inoculation was impossible, even if the pilgrims had been willing to submit to it. I have mentioned the above incident, because it demonstrates concretely the kind of problems which the public health department is called upon to face in India and, incidentally, the very thorough manner in which it was tackled.

Plague is another disease which causes us a great amount of anxiety. It was first introduced into Bombay in 1896, and, finding a suitable soil, and

" immediate and complete evacuation of the infected area. Thanks to the original work done in the Research Institute at Bombay a vaccine was discovered which has proved to be most effective as a prophylactic. Nowadays immense quantities of this prophylactic are being used annually. In the Province of the Punjab alone seven lakhs (700,000) of doses were given during 1926. This will give you some idea of the work. Such of you as go on the tour will be able to see the large scale production of this vaccine at the Haffkine Institute, Bombay.

Malaria yearly claims many victims in fact far too many. The prevention of this disease in a country like India is a matter on which those of you who are interested will be able to take part in the discussions of the scientific sessions. We are deeply sorry not to have had Sir Ronald Ross himself to take part in these discussions the more so in that his absence has been due to ill health. I am glad to say however that we have with us Sir Malcolm Watson, Professor Stephens and Colonel James all of whose work on this disease is so well known.

India is a land of extremes and the variation in conditions between the monsoon and the dry season is one of our special difficulties. The age long excavations around the villages and habitats is another difficulty less known in newer lands. In your tour you will have an opportunity of seeing some of the anti-malarial problems and the work done and still to be done at the Imperial Capital of Delhi and some other places.

Other diseases which are very prevalent in India are ankylostomiasis, especially in Madras, Assam and the West Coast where the climatic conditions are exceptionally favourable for its existence and spread. Kala azar which was a great stumbling block to the profession owing to its confusion with chronic malaria before Leishman and Donovan discovered the body named after them. I can remember the days when the death rate of this disease was approaching 100 per cent but now thanks to the discovery by Vienna of the value of tartar emetic in leishmaniasis and the recent great extension of the intravenous use of antimony salts more especially in India this disease has now lost many of its terrors.

Leprosy a disease concerning the treatment of which up to recent years very little more was done than what we read was practised in the early Christian era. Now thanks to recent investigators much more light has been thrown on it and there is every hope that in time to come we shall assume control of this foul disease.

Relapsing fever is now attracting great attention and is proving to be a most interesting and elusive disease. Time will not permit of my dealing with tubercle or dysenteries, enteric fever and other allied bowel complaints. I am very pleased to say however that in this connection we have with us at this Congress Prof Shuga whose name is a household word with all of us and Dr D Herelle the discoverer of that mysterious principle the bacteriophage now receiving so much attention in many parts of the world.

Venereal disease has attracted special attention during the past few years. A special commission from England sent out under the auspices of the British Social League last cold weather travelled throughout India and Burma. Their report was most interesting and I sincerely hope that the recommendations which it embodies will be put into practice by all the Governments concerned. I am glad to be able to welcome in this respect among our numbers Professor Hata who with Professor Ehrlich was responsible for that great boon to humanity Salvarsan and all that went with its discovery.

We have in India a Central Research Institute located in the hills at Kasauli and numerous other institutions of a like nature scattered throughout the country. There is now this very excellent Tropical School of Medicine here in Calcutta. We have a bacteriological service and an organization and constitution for research which we have found very valuable. The work done by officers of this country has a world wide reputation. What Leonard Rogers has done for cholera, Potts and Christopher and others for malaria, Liston Haffkine Mackie and others for plague, Muir for leprosy, Donovan, Patton, Mackie, Knowles, Napier, Shortt and Smith and others for kala azar and Harvey Brown and Iyengar for vaccine therapy, Vandyke Carter, Mackie, Cragg, Cunningham and others for syphilitic disease is so well known that it is unnecessary for me to dilate upon it. Their work requires no praise from my humble lips even if I were able to find words in which to do them justice.

Before I conclude I must say a few words about the medical work done which does not come under the classification of epidemics and public health. Our hospitals although some of them are not so up to date as we would wish are very fine buildings and have been built to suit the climate of the country. There is any amount of good work being carried on in the surgical and medical wards of these hospitals and if it does not come into the public eye like our public health problems I assure you the work is no less important. You will have an opportunity of visiting our Presidency town hospitals and colleges and I will have no doubt form your own opinion as a result of your visit.

We are particularly proud of the work done in connection with eye diseases which are so prevalent. The names of Elliot Smith, Kirkpatrick, Herbert and Wright are well known to you. Also in the Ophthalmic Hospital and school in Madras we reckon we have an institution which of its kind is second to none. I would also mention that those of you who elect the southern tour will find in Madras a maternity hospital and school which through the tireless energy of the late Major General Sir Gerald Gifford who was in charge of the hospital for many years can stand comparison with any similar institution no matter where it be.

Special measures in connection with tropical diseases are much the same as in other countries except that in India there are a very large number of stone cases in connection with which the name of Freyer stands out pre-eminently. Elephantiasis upon which disease a paper will be read at this congress and in connection with which the late Colonel Mutland of Madras did so much pioneer surgery.

Intestinal lesions demanding surgical interference are mostly connected with the appendicular and gastro-duodenal trouble, for which in one large institution a very large number of short circuits are done annually

The treatment of tropical abscess of the liver, so called has undergone a complete change during the past 30 years, thanks to the work done in this connection by Rogers. The needling for a hepatic abscess has almost become an operation of the outpatient department, a praiseworthy advance on the days when we opened and drained the abscess thereby running the risk of secondary infections which were so frequently followed with a fatal result

I could go on giving instances of the change and improvement of the work done in our hospitals *ad infinitum* but must stop for fear of wearying you with too many details

the good work in this land of India. We might say immense. In the face of great we mean and are trying to place this sub-continent in its proper place in the world of scientific medicine and we hope when we leave that those who follow will see that the position is maintained

Ladies and gentlemen I have finished. I trust as a result of our deliberations during the next few days some new light on disease—more especially tropical disease—will be elucidated, and, if this be so, the Congress will not have been held in vain. I wish the Congress every success.

HIS EXCELLENCY THE GOVERNOR OF BENGAL'S SPEECH AT THE
CONGRESS DINNER, DECEMBER 10TH, 1927.

GENTLEMEN,

It is a great pleasure and privilege to propose for your acceptance the toast of the Far Eastern Association of Tropical Medicine. We, in India, have every reason to give a sincere response to such a toast, as there is no country in the world which has more cause to be thankful to scientists for the services she has received in the past, or more cause to hope for further assistance, which she urgently requires in the future. She has reason to be particularly grateful to many who have assembled here this last week during the meeting of the Congress. There is scarcely any tropical disease known to men, to the obtaining control of which they have devoted their professional skill, which does not afflict the people of India. In many countries in the East they have laboured towards the elimination of these scourges with remarkable success, and during this Congress they have willingly and generously

when pro-
e estimable

It must be to your eternal credit that the only recompense you desire and receive is the gratitude of humanity.

I am glad to hear that your Congress has been a success. This has been due to the excellent organization for which Colonel Cunningham and Colonel Stewart have been responsible, and they were loyally helped by the co-operation of everyone who attended the Congress.

In welcoming you to Calcutta, I expressed the hope that you would be able to give us useful advice in connection with our grave problems of disease. I understand that my hopes were amply justified and that our medical men have received much help, stimulation and encouragement. We trust that our guests and you may derive satisfaction by knowing that hundreds of

benefited from knowledge

become a messenger, who will convey to many others the information which he has acquired, and in this way the progress of medical knowledge will be furthered.

I
of the

ment might create a feeling that the problem was solved and that further research was unnecessary.

On the other hand, it is satisfactory to know that there has been a remarkable degree of unanimity as to the practical measures, which are necessary to cope with such diseases as malaria, cholera, plague and kala azar. While you all agree that more knowledge must be acquired, you also agree that more use must be made of knowledge which at present exists.

Governments and local bodies will now have confidence in pushing forward measures which have received the approval of distinguished experts from every part of the world. We, in Bengal, are glad to learn that the great campaign of inoculation against cholera which is in progress, is regarded as one of the most effective methods of controlling the disease. It is not the only measure but when we are attacking an enemy like cholera we cannot afford to neglect any weapon which has been proved to be effective.

The problem of kala azar has been fully and ably discussed at your Congress and I am told that there is general agreement that the line of research, which was opened out by workers at the Calcutta School of Tropical Medicine, and the Kala azar Commission, is regarded as being full of hope. The methods of treatment are already satisfactory, but further improvements can be looked for.

I was interested to hear that the food supply of the people of India had received very special attention at the Congress. This subject makes a special appeal to laymen, who not infrequently conduct dietetic experiments on themselves, though these are not always scientific.

I understand that you have spent some time in considering the ravages of the ubiquitous and iniquitous mosquito—those malevolent messengers of malaria. Your unanimous decision on their activities and how to meet them must prove a most acceptable guide to the health departments of Government. I am hopeful that you will yet teach the mosquito when it takes its evening meal from me that the mark of its gratitude it leaves behind would be more acceptable if less pronounced.

In proposing this toast I must not forget the ladies who have accompanied the Congress and who have graced our proceedings and honoured Calcutta by their presence. Their interest and assistance are a great stimulant to those who devote their lives to research in tropical diseases.

I have to couple the toast with Dr Heiser of the U S A and Dr Deggeller
- member of the Rockefeller
 Association, member of the

Association

The value of this Congress which you have just completed is unquestionable, and with all sincerity and gratitude I now give you the toast of the Congress of Far Eastern Association of Tropical Medicine.

THE AGENDA AND MINUTES OF THE BUSINESS MEETINGS AND
MEETINGS OF THE COUNCIL OF THE 7TH CONGRESS,
F. E. A. T. M., 1927.

General Meeting of Official Delegates in Meeting Room A, Congress Buildings, December 4th, 1927.

Agenda.

- 1 Announcements from the Chair
- 2 Nomination of members to the Council

Minutes

1 *Announcements from the Chair* — The following telegrams of good wishes were received —

- (1) From Dr Otten Weltevreden, Java —
Best wishes for successful Congress
- (2) From Raja Bahadur Nilambar Dutta Dibrugarh —
‘Hearty thanks for invitation to Calcutta Tropical Congress
Extremely regret inability to attend same owing to sudden
indisposition. Wish it a splendid success’
- 3, From Dr Bijaisingh Masuda Ajmer —
‘Wish every success to Congress. Sorry can't attend owing to
illness’

2 *Nomination of Members to the Council* — The following members of the Association were elected Members of the Council for the 7th Congress —

GOVERNMENT OF INDIA

President Major General T. H. Symons CSI, KHS, LMS

Vice Presidents Col J. D. Graham CIE, I.M.S.

Bravet Col S. R. Christophers, CIE, OBE, K.H.I.,
F.R.S., I.M.S.

General Organizing Secretary Lt Col J. Cunningham I.M.S.

Legal Secretary—Treasurer Lt Col A. D. Stewart, I.M.S.

Government Representative Major J. A. Sunton, V.C. OBE, I.M.S.

Local Representative Dr J. W. Tomb, O.L.E.

ASSAM

Local President Lt Col J. Morison I.M.S.

Government Representative Major T. D. Morison, I.M.S.

Non official Representative Dr D. P. Williams.

BENGAL

Vice President Major General G Tate VHS, I M S
Government Representative Dr C A Bentley
Non official Representative Dr Kedarnath Dass, C I T

BIHAR AND ORISSA

Vice-President Col W S Willmore, I M S
Official Representative Lt Col W C Ross, I M S
Non official Representative Lt Col H R Dutton, I M S

BOMBAY

Vice-President Lt Col R W Anthony, I M S
Government Representative Dr J D Munsiff
Non official Representative Dr J N Mehta

BURMA

Vice President Col W H C Forster, I M S
Government Representative Lt Col J Taylor, I M S
Non official Representative Dr K R Dalal

MADRAS

Vice President Lt. Col E W C Bradfield I M S
Government Representative Major Clive Newcomb, I M S
Non-official Representative Rao Bahadur Dr A. Lakshmanaswami Mudaliar

PUNJAB

Vice President Major J J Harper Nelson, I M S
Government Representative Col C R Bahkle, I M S
Non-official Representative Rai Bahadur Dr Maharaj Krishan Kapur

UNITED PROVINCES

Vice-President Col R F Baird, I M S
Government Representative Major H Stott, I M S

AUSTRALIA

Government Representative. Dr. A. H. Baldwin.

BRITISH GOVERNMENT, MINISTRY OF HEALTH

Government Representative Lt-Col S P James, I M S (Retd)

CEYLON

Vice-President Dr J F E Bridger
Government Representative Dr S T Gunasekera

* CHINA AND SHANGHAI

Vice President Dr Wu Liang Teh
Government Representative Dr Cheng Hsiang Hu
Non-official Representative Dr Charles W Young

EGYPTIAN MARITIME SANITARY AND QUARANTINE BOARD

Representative Dr F d Herelle

FEDERATED MALAY STATES

Vice President Dr A R Wellington
Non official Representative Sir Malcolm Watson LL D

FRENCH INDIA

Government Representative Major V G F Labernadie

HONG KONG

Government Representative Dr W B A Moore
Non official Representative Dr G H Thomas

INDO CHINA

Government Representative Dr E Jourdan
Non official Representative Dr P Hermant

JAPAN

Vice President Dr S Hata
Government Representative Dr Tenji Tamaguchi
Non official Representative Dr Kaoru Ishimitsu

FORMOSA

Vice President Prof Tsugio Horie
Government Representative Dr K Morishita
Non official Representative Dr Shigeru Kiribayashi

KOREA

Vice-President Dr K Shiga
Government Representative Dr H Kobayashi

KWANTUNG

Vice President Dr Harumitsu Kubota

LEAGUE OF NATIONS

Official Representative Prof Theodore Madsen

SINGAPORE BUREAU

Official Representative Dr Raymond Gautier

MACAO

Government Representative Capt Peregrino de Costa

NEPAL

Government Representative Dr Siddhiman Acharya Dixit

NETHERLANDS EAST INDIES

Government Representative Col S L Brug

PHILIPPINE ISLANDS

Vice President Dr Jose Fabella

Government Representative Major A Parker Hitchens

Non official Representative Dr De Leon

PORTUGUESE INDIA

Government Representative Col I Frolano de Mello

SIAM

Vice President Col Phya Damrong

Government Representative H S H Prince Vallabhababu

Non official Representative Dr George McFarland

STRAITS SETTLEMENTS

Vice President Dr A L Hoops

Government Representative Dr J W Scharff

Non official Representative Dr R D Fitzgerald

UNITED STATES OF AMERICA

Vice President Col Edward B Vedder

Government Representative Major Samuel A White

Non official Representative Dr C R Eskey

HONORARY ADVISER TO THE COUNCIL

Dr Victor G Heiser

1st Meeting of the Council Held in Committee Room No 1 of the Congress
Buildings at 5 p.m. on Sunday, December 4th, 1927

Agenda

- 1 Presentation of Biennial Report of the Association
- 2 The election of Chairmen of Sectional Meetings, and approval of the rules of procedure for these meetings
- 3 The venue of the next Congress
- 4 Place and time of the 2nd Council Meeting
- 5 Any other business

A provisional list of Chairmen and Rapporteurs was submitted to Council also Draft Rules of Procedure for the Scientific Sections and papers in connection with No 3 of the Agenda

Minutes

1 *Presentation of Biennial Report of the Association*—Dr O Deggeller the General Secretary Treasurer presented his report which dealt with changes of Office Bearers Finances the Committee on Berlin the Constitution and By laws of the Association and co-operation of the Association with the League of Nations

The Report was accepted

At the conclusion of his report he requested that a Committee of three be appointed to investigate the financial position of the Association Dr Hoops Dr Hata and Dr Moore were elected It was proposed by Dr Hoops and seconded by Dr Moore that a member from India be also nominated Colonel Bradfield I M S was elected

2 *Election of Chairmen* to Sectional Meetings and Rules of Procedure*—The provisional list of Chairmen of Sections presented to the Meeting was accepted with the following exceptions —

Day and date	U	J	Af
Monday 5th December			
1 o			
Section III	L. Salam		T. A. Mahr
L. Salam			
Section II			C. J. D. Moore
Tuesday 6th December			
1 o u F			
Section III			L. A. Mahr
L. A. Mahr			

* The complete list of Chairmen is given on pages 27-30.

<i>Day and room.</i>	<i>Morning</i>	<i>Afternoon</i>
Wednesday, 7th December		
Room B		
Section II		H. S. H. Prince Vallabhakara.
Room C		
Section III		Lt. Col. Morison.
Room D		
Section III		Prof. Hornbostel.
Room E		
Section III	Dr. Heiser	
Thursday, 8th December		
Room C		
Section III		Dr. Otto Schöbl.
Room E		
Section I		Dr. Jansen.
Friday, 9th December		
Room F		
Section III B	Major Hitchens	

The rules of procedure prepared by the General Organizing Secretary were accepted with the following amendments —

Rule No 7—Discussions Omit 'at the conclusion of the sitting'

It was proposed by Dr. Heiser that a blackboard be placed in each section and that the name of the author reading the paper should be written up

8 *Venue of the next Congress*—A cable from Honolulu and the letter written by the Official Chinese Delegates were read to the Meeting for information

Major Hitchens (Manila) in a short speech expressed the wish that the 8th Congress should be held at Manila

Proposed by Colonel Vedder and seconded by Colonel Morison that a Committee be appointed to consider and report to the Council the most suitable venue of the next Congress

An amendment was proposed by Dr. Hoops and seconded by Sir Malcolm Watson that no such committee be appointed. The amendment was carried by 26 to 7 votes. It was agreed that the question be discussed at the 2nd Meeting of the Council

4 Place and time of the second Council Meeting — It was agreed that the second meeting of the Council be held in Committee Room No 1 at 9-0 AM on Thursday, December 8th

5 Any other business — Dr Wellington stated that his Government had informed him that they considered that the Congress was being held at too frequent intervals and proposed that it should be held every three years The proposition was seconded by Dr Deggeller who considered every 5 years

..

T H SYMONS, *Mag.-Genl, I M.S.,*
President, 7th Congress, F E A T M.

Additional papers in Connection with the 1st Meeting of Council.

Reference No 1 of Agenda

REPORT OF THE GENERAL SECRETARY-TREASURER, DR O DEGELLER,
DATED WELTEVREDEN, JAVA, 18TH NOVEMBER, 1927

Officers

British India — Colonel Breset, I M S, Director of Public Health Service, Rangoon, Burma, informed me on the 4th of October, 1926 after having been consulted by Brevet Colonel S R Christophers, to have handed over his duties as Honorary Local Secretary for the Congress as the Province Burma was found to be too isolated from the rest of India

China — Dr Lam went for a year's study to Europe during which time Dr Hwang Tsefang Central Epidemic Bureau, Temple of Heaven Peking, on Dr Wu Laen Teh's advice, has been nominated by me as Acting Honorary Local Secretary for (North) China Information as to Dr Lam's return has not yet been received

Federated Malay States — Dr Wellington went on leave but was expected to be back in October 1927 Dr W Fletcher retired and went to Europe When receiving this news I felt obliged to express my regrets, also in the name of the Association of losing in him one of the great workers for the Eastern Medical Science and to state my hope that he would keep in touch with the Association and that he would enjoy with Mrs Fletcher, his life in Europe in perfect health

On his advice Dr A Neeve Kingsbury, Institute for Medical Research, Kuala Lumpur, has been appointed as Honorary Local Secretary Treasurer

Hongkong — Dr W B H Moore went on leave, but hopes to be back

ingham informed me that Lieut -
ical School, Calcutta, had been
appointed as Honorary Secretary-Treasurer, apparently for Bengal

Indo-China — Dr Guerin went on leave on the 1st of November last, whereas Dr Montel had already left for France two months previously,

Dr Guerin is quite willing to take up office again and I therefore promised him to submit his name for re nomination. If the Council members for Indo China think it necessary, a deputy Honorary Local Secretary might be nominated for the time of Dr Guerin's absence.

Netherlands Indies—Dr J J van Lonkhuijsen Head D E I, Health Service, went on leave for a year but is returning next January.

Sarawak—Dr E M Marjoribanks has left the country according to information received from the post officials.

Several Secretaries (and Vice Presidents) have not answered to my letters and circulars, so that it is uncertain whether they wish to hold office any longer. From one country these office bearers have not written since 1922, nor paid their subscription, of which facts I have informed the only member in their country, asking him to take up the office of Honorary Local Secretary for the time being, and to distribute the circulars A and B re the seventh Congress which he was kind enough to do.

Beri beri.

To my circular letter of the 5th of July 1927 to the members of the Beriberi Committee, in which I asked for further reports no answers have been received and I therefore, am afraid that the interest in this problem is slackening unless, which is another possibility, the beri beri problem has ceased to be a problem because of the better nutrition of the native population of the Eastern countries, like in the D E Indies, where this illness is noted less and less frequently.

Constitution and By laws

In case the Constitution and By laws of the Association are going to be amended again, I would propose to let fall into disuse the provision in article 9 of the Constitution that a proposed amendment shall not be acted on until the biennial session next following that at which it was introduced, as I noticed that it was resolved several times already to let an amendment take immediate effect, which is quite natural because no amendment will be proposed and adopted without sufficient motive.

I further would that immediately,

one year to more scientific papers. This well for the Secretaries to be held, as for my part of the Council.

and business was published latest and separate from the Transactions of the Congress.

Several times I have been asked for copies of the proceedings of the 1st Congress of our Association, with a view on which I have had this reprinted and distributed among the members with the result that there are no more spare copies left. Where there are some members who like to get them, it can be reprinted once more.

Seventh Congress

To the officers of our Association for British India, organizing the Congress, was given such information as asked for and further what was thought expedient

The circulars A and B, which I received from Lieutenant Colonel J Cunningham have been forwarded directly to those members of whom the addresses were known at my office of which fact I informed the Honorary Local Secretaries concerned, sending them a list of these addresses. I further asked the Honorary Local Secretaries to let Lieutenant Colonel Cunningham and my office have a list of addresses of the gentlemen and Institutes to which they are going to send the circulars I had to spare for them. As not every Society complied with the latter request a word of thanks is here not misplaced to those who were so kind to be willing to give their co-operation

Co operation with League of Nations

Colonel J D Graham I M S Honorary Local Secretary for British India Simla informed me on the 7th of August 1927 that it had been suggested to have a joint meeting with the Expert Plague Commission of the Advisory Council of the League of Nations Health Organization Eastern Bureau Singapore, which was constituted with the idea of meeting in Calcutta at the time of our seventh Congress. I thought to act well on behalf of our Association by answering that I was of opinion that the proposed arrangement should be looked upon as being very desirable in case the League of Nations appeared to be willing to co operate

Finances

reas
only
the
20

tion. Considering that 5 000 yens (about 5 100 gulders) have been contributed out of the funds of the Association towards the expenses involved in the Transactions of the sixth Congress and that the expenses of my office have been f 3627 39 in two years (1925 27) financially the Association is in good condition thanks to the steadily increasing number of members

O DEGELLER
General Secretary

WELTEVRFDEN

The 1st November, 1927

Reference No 2 of Agenda.

RULES OF PROCEDURE FOR SCIENTIFIC SESSIONS

1 Rapporteur - A 'Rapporteur' has been appointed for each subject. He will assist the Chairmen in any way required and will record the proceedings of the section.

2 *Announcements from the Chair*—The Chairman will kindly make any announcements required by the Congress management before beginning the daily programme or will request the 'Rapporteur' to do so for him.

3 Copies of papers for reading—In order to expedite the scientific business of the sections it is requested that all papers dealing with the same aspect of each subject be read together before any discussion on them is allowed. Reiteration will thus be prevented and time saved.

The same rule can be observed with advantage in the special discussions

4 *Papers of authors who are not present*—A list of papers, the authors of which are not present at the Congress, will be supplied to the Chairman who may use his discretion as to whether they may be 'taken as read' if time is short.

5 *Papers not read for want of time*—It is absolutely essential that the scientific programme in each section be adhered to rigidly. Papers which have not been read for want of time will be dealt with in other meeting rooms as laid down in the programme.

6 *Papers received late*—Papers which have been received too late for inclusion in the programme will be read *if there is time* after the earlier papers on the same subject have been read. A list of these papers with authors' names will be supplied to the Chairman and 'Rapporteur'.

7 *Discussions*—Speakers other than those reading listed papers should be requested when they have finished speaking to record their remarks in writing on paper slips which will be supplied for the purpose, so that their remarks can be recorded in the Transactions. The 'Rapporteur' should obtain the speaker's name immediately after he has spoken and see that his written statement is handed in to him (*at the conclusion of the sitting*).

at the time limit
the By laws be
for the delivery
ot speak more
A bell will be
tes in the first

9 *Lanterns for illustrating papers* — A magic lantern and an operator are provided for each sect or for the benefit of members who have illustrated their papers by means of lantern slides

Voluntary helpers to darken rooms — A group of voluntary helpers is also attached to each meeting room who will be posted at each window and door, so that at a sign from the Chairman or 'Rapporteur' the room can be rapidly darkened and lightened again.

General record of the proceedings of each order of the speakers etc, should be kept by the section proceeds. This report should be given to the General Organizing Secretary as soon as possible. Each report should be labelled with the name of section and should be signed.

by the 'Rapporteur'. The recorded remarks of each speaker (other than the listed papers) should be attached to it in order of speaking.

11. *Staff*—1 clerk and a chaperon are attached to each meeting room to assist in the distribution and collection of the slips for recording the remarks of the speakers.

Preference No 3 of Agenda

THE VENUE OF THE NEXT CONGRESS

(a) The following cable was received on December 1st, from Hawaii—

'To Comined Calcutta Cordially invite next meeting in Honolulu
stop Holding Pan Pacific Surgical Congress August 29th
stop Suggest your eighth Congress immediately prior stop
Fexcellent facilities Hawaii aloha to Seventh Congress Larsen
Pan Pacific Union'

(b) The following letter dated December 2nd, has been received by the General Organizing Secretary of the seventh Congress—

We are instructed by the Government of China to extend a cordial invitation to the Far Eastern Association of Tropical Medicine, now sitting at Calcutta, to hold its eighth Congress in Peking in 1929.

It may be remembered that at the sixth Congress held in Tokyo in 1925 the Vice President for China expressed a request for the Conference after the Calcutta one to be held at Peking, and it therefore gives me pleasure to be able to extend this formal invitation on this occasion.'

WU LIEN TFH

T C CHIN

C H HU

Official delegates to seventh Congress from China

2nd Meeting of Council Held in Committee Room No. 1 of the Congress
Buildings at 9 a.m., Thursday, December 8th, 1927.

Agenda.

- 1 Minutes of—
 - (a) General Meeting of Delegates held on December 4th, 1927
 - (b) First Meeting of Council held on December 4th, 1927
- 2 Announcements from the Chair
- 3 Report of Financial Committee
- 4 Venue of next Congress
- 5 Consideration of Dr Wellington's proposal with reference to intervals between Congresses
- 6 Any other business

Minutes

1 *The minutes of (a) General Meeting of Delegates held on December 4th, 1927 (b) First Meeting of Council held on December 4th, 1927, were taken as read*

2 *Announcements from the Chair*—Further telegrams of good wishes received from the various well wishers were placed before the Council. The President drew special attention to that received from the Minister of Education in Egypt, announcing a Medical Congress at Cairo for which invitations would soon be forwarded. Dr Heiser pointed out that he was in a position to inform the Council that special arrangements were being made for a very big Congress. The General Organizing Secretary was authorized to answer the telegrams in suitable words.

3 *Report of Financial Committee*—Report of the Financial Sub Committee was presented by Dr Hoops the Chairman of the Sub-Committee. The

latter subject

In this connection a resolution was moved by Dr Heiser and seconded by Colonel Damrong that *It is the recommendation of this Council that at future Congresses the hotel and touring expenses of delegates should be borne either by the delegates themselves or by their Governments and not by the Government of the country issuing the invitation*. This proposal was carried unanimously.

4 *Venue of next Congress*—The President referred to a telegram received from Honolulu and a letter from the Official Delegates from China and the proposal made by Major Hitchens at the last meeting. He also stated at the meeting that His Serene Highness Prince Vallabhbhara had cabled his Govern-

ment asking that an invitation to the Congress be issued. An animated discussion took place on these proposals. The President invited the opinion of the Council in favour of the various invitations with the following results —

In favour of Honolulu	1
China	25
Sam (Invit on issued)	13
..	..
..	head
..	rper
..	five
..	eld

Colonel Mackie pointed out that only official Government invitations before the meeting could be considered. Dr Heiser pointed out that some such committee should be left to act for the Council. Dr Deggeller was against the formation of any such committee. As an amendment to the motion it was proposed by Dr Wu Lien Teh and seconded by Major Stott that the next meeting be held in Peking in 1930 and if this fails through a committee be appointed to decide the venue of the next Congress. Major Hitchens considered this amendment unnecessary. The amendment was lost by 15 to 17 votes. The Chair then appointed a committee of five members Dr Wu Lien Teh, Major Hitchens, Dr Lonkhuijsen, Colonel Christophers and Professor Hata.

5 Consideration of Dr Wellington's proposal with reference to intervals between Congresses — The Chairman proposed that item No 5 of the Agenda be taken for convenience before item No 4. Dr Wellington stated that his Government considered that the meetings of the Congress were too frequent and proposed that the Congress should be held every three years instead of every two years. Longer intervals might possibly destroy the continuity of spirit for this reason every four or five years were objectionable.

Dr Deggeller pointed out that this would involve a change in the rules about subscription and proposed that £1 annual subscription be substituted for the present law laying down a biennial subscription of £2. Colonel Graham was in sympathy with Dr Deggeller's proposal. A discussion then took place on the question of the payment of subscription in which Dr Deggeller, Major General Tate, Dr Wellington, Dr Hoops and Major Stott took part. Dr Deggeller suggested an annual subscription of £1. Dr Hoops suggested £3 instead of £2 triennially. Major Stott brought forward a resolution seconded by Dr Hoops that *a subscription of £3 be paid in one lump sum*. This resolution was carried by 12 to 11 votes. In view of this resolution a further resolution proposed by Dr Wellington and seconded by Colonel Graham was put forward that *this council recommends to the general meeting that the Congress be held triennially instead of biennially and article 9 No 1 of the constitution be suspended so that it can take effect immediately*. Colonel James asked whether an opportunity to discuss this would be given at the General Meeting to which the President give his assent.

6 Any other business — Beri Beri Committee

Dr Heiser enquired whether any report had been received from the Beri Beri Committee. Dr Deggeller stated that he had received no report. The

General Organizing Secretary informed the Council that a report had just been handed in from the Beriberi Committee of the Philippine Islands

T H SYMONS

May Genl I M S

President seventh Congress F E A T M

APPENDIX A

FINANCIAL REPORT

Saldo 11th September 19	£ 10 4 46
Collected subscriptions during 10-5 '97	6 74 94
	—
Expenses Transact ns Japan	£ 17 00 10
Expenses General Office	£ 5 00 0
	—
	3 6 33
	—
	8 6 7 39
Saldo 1st November 19	8 76 01
Collected subscriptions—Foreign Members collected during the Congress	£ 0 80 0
Cash about	—
	11 376

O DEGELLER

General Secretary Treasurer

A L HOOPS

Chairman Finance Committee

7th Congress

CALCUTTA

The 7th December 1997

Additional papers in connection with the Second Council Meeting, December 8th, 1927.

Reference No. 2 of Agenda

ANNOUNCEMENT FROM THE CHAIR

The following telegrams of good wishes have been received —

- 1 From Dr Nauta, Bandoeng —
'Kind regards Chief Military Medical Service, Dutch East Indies'
- 2 From Dr Misra, Bombay —
'Regret inability to attend Congress Wish Congress all success'
- 3 From Dr Ishwarlal Oza, Cutch Mandvi —
'Sorry can't come Wish hearty success to Congress'
- 4 From Prof Nagayo, Tokyo, Japan —
'Professor Nagayo sends cordial greetings and best wishes for the successful issue of Seventh Congress F E A T M'
- 5 From Dr Jayara Singh, Povaram, Godaverry —
'Regret inability attending Wish success Welcome foreign delegates members and return with happiness'
- 6 From the Institute of Tropical Hygiene Amsterdam —
'Hearty wishes for the successful Seventh Congress Institute Tropical Hygiene, Amsterdam, Schaffner Snijders Swellengrebel Van Loghem'
- 7 From the Minister of Education, Egypt —
'On the occasion of your biennial Congress now meeting in Calcutta the President of the Organization Committee of the International Congress of Tropical Medicine to be held in Cairo on the 15th December, 1928, wishes you and all members every success and hopes that it will be possible for many of them to attend the Cairo Congress next year for which invitations will soon be forwarded Minister of Education, Egypt, Aly El Chamsy.'

The following letter was received from Dr E C Faust, Councillor and Chairman of the China Branch of the American Society of Parasitologists, Peking —

'Greetings and all best wishes are extended to the Congress by the American Society of Parasitologists May the members of the Congress continue their tradition and high standards of research in Tropical Medicine and the application of such investigations to the prevention of disease, so that men of all races may be enabled to live happier and more useful lives'

3rd Meeting of Council Held in Committee Room No. 1, Congress,
Buildings at 9 a.m., December 10th, 1927.

Agenda.

- 1 To read minutes of previous meeting
- 2 To consider the appointment of the Association Officials for the various countries for the triennial period 1927-30
- 3 To consider agenda for presentation to the General Business Meeting
- 4 Any other business
- 5 The question of certificates to Commercial Exhibitors.

Minutes.

1 *The minutes of previous meeting* --The minutes of the previous meeting were read in detail.

Items Nos 1, 2, 3 and 5 were accepted.

The President pointed out that the Council had always received a signed document from the Government concerned. This had not been received by the Council on the present occasion.

In this connection Dr Heiser pointed out that as one of the original members of the Association he was familiar with the methods of procedure in these matters. The Council had never accepted an invitation without direct documentary evidence from the Government concerned. He quoted the case of Colonel Mackie in Tokyo who had to cable for official instructions from the Indian Government before the Council would accept the invitation. Dr Hoops had also presented a signed statement from his Government at Batavia, the Japanese delegation had also presented direct documentary evidence. He asked Dr Wu Lien Teh to withdraw his letter pointing out that every one was aware of China's desire to invite the next Congress to meet in China and that the Committee would view the invitation sympathetically when officially received. Dr Wu Lien Teh stated that the documentary evidence was in his possession and would have been produced had it been asked for. There was apparently a misunderstanding that the invitation had been a personal one. If the Conference accepted this explanation he would withdraw his letter and leave the matter open. This was agreed to and the minutes were passed unanimously.

2 To consider the appointment of the Association Officials for the various countries for the triennial period 1927-30. The proposed list of Vice Presidents and Local Secretaries for the various countries which was placed before the meeting was accepted with the following exceptions -

GOVERNMENT OF INDIA

Vice President

Col Mackie rice
Col Christophers

The proposals for China at the suggestion of Dr Wu Lien Teh were accepted as provisional until confirmed

Vice President
Local Secretary

KOREA

Dr K Shiga
Dr M Ito

PHILIPPINE ISLANDS

Vice President
Local Secretary

Dr Arturo Garcia
Dr I Lopez Rizal

UNITED STATES OF AMERICA

Vice Presidents

Dr S B Grubbs

Dr Diggeller was unanimously appointed as the General Secretary
Treasurer for the next three years

3 To consider agenda for presentation to the General Business Meeting
The resolutions to be placed before the Constitution and By laws
by the Council also the amendments to the Constitution and By laws

The resolutions drawn up by the joint session of the Expert League
Committee of the Health Organization of the League of Nations and the
'Far Eastern Association of Tropical Medicine' were read to the Council
and it was agreed that they should be placed before the General Meeting
The draft resolutions drawn up by the Scientific Section No 4 dealing
with Malaria were also read to the Council and it was agreed that they should
be placed before the General Meeting in their final form as passed by the
Section

4 Any other business ~~Business~~ Committee. On the proposal of Dr Hesler
it was decided to include the report of the ~~Business~~ Committee received
from the Philippine Islands in the Transactions of the Congress

5 The question of Certificates to Commercial Exhibitors. The proposal that
a diploma be granted to the Commercial Exhibitors was accepted the
diploma to be signed either by the General Secretary Treasurer or the
President

**List of officers of Component Countries for ensuing Triennial Period,
1927-30, elected at 3rd Council Meeting**

AUSTRALIA

<i>Vice President</i>	Dr R W Cilento
<i>Local Secretary</i>	Dr A H Baldwin

BRITISH INDIA

Government of India

<i>Vice President</i>	Lt Col F P Mackie
<i>Local Secretary</i>	Lt Col J Cunningham

Assam

<i>Vice President</i>	Lt Col J Morison
<i>Local Secretary</i>	Lt Col T D Morison

Bengal

<i>Vice President</i>	Maj Genl G Tate
<i>Local Secretary</i>	Lt Col A D Stewart

Bihar and Orissa

<i>Vice President</i>	Col W S Wilmore
<i>Local Secretary</i>	Lt Col W C Ross

Bombay

<i>Vice-President</i>	Lt Col R W Anthony
<i>Local Secretary</i>	Lt Col W M Houston

Burma

<i>Vice-President</i>	Lt Col W H C Forster
<i>Local Secretary</i>	Lt Col E Basset

Madras

<i>Vice President</i>	Col E W C Bradfield
<i>Local Secretary</i>	Lt Col A J H Russell

Punjab

<i>Vice-President</i>	Major J J Harper Nelson
<i>Local Secretary</i>	Lt Col C A Gill

United Provinces

<i>Vice President</i>	Col R F Baird
<i>Local Secretary</i>	Lt Col C L Dunn

BRITISH NORTH BORNEO

<i>Vice-President</i>	Dr P A Dingle
<i>Local Secretary</i>	Dr H T Conyngham

CEYLON

<i>Vice President</i>	Dr J F E Bridger
<i>Local Secretary</i>	Dr S T Gunasekera

CHINA*Manchuria*

<i>Vice President</i>	Dr Wu Lien Teh (Provisional)
<i>Local Secretary</i>	Dr Lin Chia Swee (Do)

North China

<i>Vice President</i>	Dr Shisan C Fang
<i>Local Secretary</i>	Dr C L Lam

Central China

<i>Vice President</i>	Dr W L New
<i>Local Secretary</i>	Dr Way Sung New

South China

<i>Vice President</i>	Dr Lee Shu Fan
<i>Local Secretary</i>	Dr Su Ping Lin

FEDERATED MALAY STATES

<i>Vice-President</i>	Dr A R Wellington
<i>Local Secretary</i>	Dr H Neave Kingsbury

FORMOSA

<i>Vice President</i>	Dr T Horiuchi
<i>Local Secretary</i>	Dr S Yokogawa

HAWAII

<i>Vice President</i>	Dr C B Cooper
<i>Local Secretary</i>	Dr F F Trotter

HONGKONG

<i>Vice President</i>	Dr J B Addison
<i>Local Secretary</i>	Dr W B A Moore

INDO-CHINA

<i>Vice President</i>	Dr M L R Montel
<i>Local Secretary</i>	Dr F H Guerin

JAPAN

<i>Vice President</i>	Dr M Nagayo
<i>Local Secretary</i>	Dr Y Miyagawa

KOREA

<i>Vice President</i>	Dr K Shiga
<i>Local Secretary</i>	Dr M Ito

KWANTUNG

<i>Vice President</i>	Dr I Inaba
<i>Local Secretary</i>	Dr Y Kuno

MACAO

<i>Vice President</i>	Dr P da Costa
<i>Local Secretary</i>	

NETHERLANDS INDIES

<i>Vice President</i>	Dr J J Lonkhuijzen
<i>Local Secretary</i>	Dr O Deggeller

PHILIPPINE ISLANDS

<i>Vice-President</i>	Dr Arturo Garcia
<i>Local Secretary</i>	Dr L Lopez Rizal

PORTUGUESE INDIA

<i>Vice President</i>	Col I Froilano de Mello
<i>Local Secretary</i>	Dr Roque de Souza

SARAWAK

<i>Vice-President</i>	Dr E M Marjoribanks
<i>Local Secretary</i>	Dr W Kusel

SIAM

<i>Vice President</i>	.	H S H Prince Thavara
<i>Local Secretary</i>	.	Col Phya Dumrong

STRAITS SETTLEMENTS

<i>Vice-President</i>		Dr A L Hoops
<i>Local Secretary</i>		Dr J W Scharff.

SUMATRA

<i>Vice President</i>		Dr H Vervoort
<i>Local Secretary</i>		Dr W Kouwenhove

UNITED STATES OF AMERICA

<i>Vice President</i>		Dr S B Grubbs
<i>Local Secretary</i>	.	Lt-Col Silver

HON ADVISOR TO THE COUNCIL

Dr V G Heiser

Reference No 3 of Agenda

Additional Papers in connection with the 3rd Council Meeting held on December 10th, 1927.

RESOLUTIONS PASSED BY THE COUNCIL

Proposed by Dr V G Heiser, (U S A),

Seconded by Col P Damrong, (Siam)

'It is the recommendation of this Council that at future Congresses the hotel and touring expenses of the delegates should be borne either by the delegates themselves or by their Governments and not by the Governments of the country issuing the invitation'

Proposed by Dr A R Wellington, (F M S)

Seconded by Col J D Graham, (B India)

It is moved that the Congress

diately'

Proposed by Major H Stott, (U P, B India),

Seconded by Dr A L Hoops (Straits Settlements)

'That a triennial subscription of three pounds sterling be paid in one lump sum'

Proposed by Major A P Hutchens, (Philippine Islands),

Seconded by Major J J Harper Nelson, (Punjab, B India)

'It is moved that the Chair appoint a committee of five with power to decide where the next Congress of the F E A T M shall be held'

Proposed Amendments to Constitution and By-Laws

CONSTITUTION.

*Article 8, 1 * * * * for 'biennial' read 'triennial' for 'two pounds sterling' read 'three pounds sterling'*

Article 9, 1 & 2 For 'biennial' read 'triennial'

BY-LAWS

Chapter 1, Section 4, Chapter 2, Chapter 3, Section 1 and Chapter 4, Section 1—

For 'biennial' read 'triennial'

Resolutions of the Expert Plague Committee of League of Nations Health Organization in conjunction with the F. E. A. T. M.

The meetings on the section on Plague, in accordance with previous arrangement, were held as Joint Sessions of the Expert Plague Committee of the Health Organization of the League of Nations and the F. E. A. T. M.

After the sessions on the 6th and 7th December, 1927, at which papers

The Joint Committee met on the 8th and 9th December, 1927 under the Chairmanship of Dr. Madsen and have embodied in the attached resolutions their recommendations as to the more important lines of further investigation which they consider advisable in regard to plague

The following investigations are considered of particular importance by the Expert Plague Committee --

A BUBONIC PLAGUE

1 Further investigations into the methods of destruction of rats and fleas

2 Investigation into the comparative epidemiological role of the various species of fleas in plague transmission in selected areas of India, as being the most heavily infected country, the species of fleas concerned and their viability under natural conditions

3 Survey of plague in wild rodents of Northern Asia (Transbaikalia, Manchuria and other Chinese Provinces) by an international mission, provided such mission receives substantial support from the countries concerned.

4 Investigation on the part played by grain and cotton in the dissemination of plague and measures to prevent this spread (disinfestation)

5 Investigation of the conditions under which plague is carried over from one season of incidence to another (problem of its recrudescence)

6 Investigation on the relative importance of rodents other than rats in the transmission of plague in various countries

7 Investigation of rat and flea conditions in ports (shore, lighters, ships), the ship fauna being investigated both in ports and during the voyages, in eastern and western areas. This information should be collected by the Singapore Bureau for providing information applicable to quarantine measures

8 Prophylaxis and therapeutics --

(a) speedy preparation of anti plague vaccine

(b) possibility of reducing local reaction to anti plague vaccine

(c) possibility of producing a plague antitoxic serum

(d) further studies on anti plague bacteriophage and its practical applications

(e) chemotherapy of plague

2 *Amendments to the Constitution* The necessary amendments to the Constitution and by laws necessitated by these resolutions were put to the meeting and carried unanimously (See page 70)

3 *Resolutions passed by Scientific Sections* (a) The resolutions presented by the joint session of the Expert Plague Committee of the Health Organization of the League of Nations and the Far Eastern Association of Tropical Medicine were read to the meeting and carried unanimously (See pages 71 and 72)

(b) The resolutions drawn up by Scientific Section No 4 of the F E A T M Seventh Congress on Malaria were read to the meeting and carried unanimously (See page 75)

4 *Venue of next Congress* The names of the Committee appointed the Chair under resolution 4 above were placed before the meeting and carried unanimously (See pages 60 and 61)

5 *Any other business* The list of Vice-Presidents and Local Secretaries accepted by the Council was put to the Meeting and accepted by them (See page 66 *et seqq*)

The appointment of Dr Deggeller as the General Secretary Treasurer for the ensuing three years was also accepted unanimously

T H SYMONS

Maj Genl I M

President 7th Congress F F A

The Honble Khan Bahadur Sir Muhammad Habibullah Sahib Bah KCSI KCIE At Member for the Dept of Education Health and Lands Government of India also attended the meeting and at the conclusion of the business addressed the delegates

At the conclusion of the Honble Member's speech Professor K. S. Dean of the Medical Faculty Keijo Imperial University Chosen, A. J. Hoops Principal Civil Medical Officer Straits Settlements and Dr A. Parker Hitchens Medical Adviser to the Governor General Philip Islands spoke on behalf of the foreign delegates

Additional Papers in Connection with the General business meeting
December 10th, 1927.

Reference No. 3 of Agenda

RESOLUTIONS ON MALARIA

The Malaria Section of the Seventh Congress of the Far Eastern Association of Tropical Medicine are aware of many instances of a great increase in the incidence of malaria caused by the facilities given to mosquito reproduction by engineering works either during construction or afterwards due to the different conditions brought about. This Congress is of the opinion that plans for railways, canals, harbours and all similar engineering works likely to affect the conditions producing malaria should be submitted to the proper public health authorities and their sanitary engineers before being sanctioned by Governments.

Carried with one dissentient

8

II.

As it has been represented that differences of opinion regarding the best method of controlling malaria sometimes cause doubt in the public mind and so may hamper the progress of anti-malarial work, this Congress takes the present opportunity to emphasize the fact that there is no single method of malaria control applicable to all conditions and all countries.

Nevertheless they consider that for towns, mines, plantations, large public works and similar aggregations of people, the control of the breeding-places of the malaria carrying species of mosquito is a method which should be employed whatever other anti-malarial measures are put into force. Whenever possible this control should be effected by permanent works which eliminate entirely the sources of mosquito breeding.

For wide rural areas, especially those with scanty, poverty stricken populations, the first step in the control of malaria is adequate research so that the conditions prevalent may be ascertained and the best methods of control under the particular circumstances ascertained as a result of such research. Methods of prevention may here be of great variety and include drainage, flooding, jungle clearing, jungle preservation, bonification, the promotion of agriculture, improvement of housing and the general economic condition, education, etc. of the people. The systematic killing of infected adult mosquitoes, screening the use of anti-malarial drugs and a host of special methods have each also to be considered in their proper application.

The Congress desires to stress the need not only of thoroughly trained malaria research officers but of expert malarial engineers in whichever type of malaria prevention is at stake.

ADDRESSES AT THE GENERAL BUSINESS MEETING OF THE 7TH CONGRESS, F. E. A. T. M.

The Hon'ble Sir Muhammad Habibullah's speech.

General Symons, Your Serene Highness and Delegates to the 7th Congress of the Far Eastern Association of Tropical Medicine

I must, in the first place, express my regret that I was unable to be present at the inaugural meeting of the Congress. Pressure of important business at Delhi robbed me of the opportunity of joining in the first welcome. I avail myself of my presence in your midst to day to echo the sentiments expressed in the message of His Excellency the Viceroy, which was conveyed to you by His Excellency Sir Stanley Jackson, and to express the hope that your stay in

tour to those who must return from Calcutta to their official homes, I wish God speed. To all of you, whether delegates from abroad or from the various parts of India I express the thanks of the Government of India for the contribution which you have made by your meetings and discussions to the promotion of medical science, and of friendly understanding between men engaged on a common beneficent task.

It is a mark of politeness when interest. Though the medical and imposes on me an achievement of men engaged in the fields of medical administration and research. But there is also a personal side to my interest. Throughout the active portion of my life, I have been intimately concerned with the administration of medical relief and sanitation. First, as the civic head of the town of my adoption in the Madras Presidency, then as the principal civic executive of the metropolis of that Presidency, and subsequently in succession as a member of the Provincial and Imperial Governments, I have had to concern myself with measures designed to combat disease and alleviate human suffering. This long experience and association have made administration of the subject, which is your life's work, more than just a dry duty to me.

I shall not presume, Ladies and Gentlemen, to assess the technical value of the work which you have accomplished during your present session in Calcutta. The list of the questions which you have discussed is long, their scientific aspect to a non scientist like me an esoteric mystery, their analysis or appraisement a task beyond my competence. But after glancing through the summary of your proceedings and listening to your resolutions, I find that grim diseases, such as plague, cholera, malaria and kala azar, which from time to time ravage this country, have been claiming your attention. I am confident that the light, which investigators from abroad attending this Congress have shed on the problems connected with these forms of human

affliction, will prove of the utmost value to our own workers I also trust that an account of our methods, and first hand experience, however slight, of the procedure, technique and scope of our inquiries in the domain of tropical diseases, will prove of some help to them For we have, alas! only too many

benefit of humanity, and the advancement of science The names of Ross and Rogers and Cragg—I must spare those present here to-day the blushes which are the physical reaction of true workers to praise—are not only worthy of my tribute but are guarantee of the claim which I have made on behalf of the noble band of the servants of medical science in India Nor must I omit mention of that great Indian, whose researches in the field of plant life have opened up fresh and limitless avenues of speculation, of inquiry and of practical achievement to doctors no less than to biologists For is not

degree of confidence that among the torch bearers who have helped to illuminate the path, the name of Sir Jagadish Bose will rank high

And now Ladies and Gentlemen lest I seem guilty of prolix, though patriotic, panegyric let me change the theme I have spoken so far on the aspect of your work which belongs to part (c) of Article 2 of the objects of the Association viz., the development and diffusion of scientific knowledge I shall now speak of another aspect of equal importance—the promotion of friendly intercourse between scientific men To my mind Ladies and Gentlemen, that is as much a necessity of the future as its beginning is one of the auspicious and distinctive features of our 20th century civilization To the Far Eastern Association of Tropical Medicine belongs the credit of first making such intercourse a reality The League of Nations to whose initiative in the sphere of international co-operation the world owes so much and the Rockefeller Foundation whose truly catholic generosity has rendered immense service to the progress of medical science have stimulated and accelerated its beneficent development We in India are willing and ready to play our part in the scheme of co-operation by intercourse That was one of the motives which led the Government of India to decide to invite the Association to hold its 7th Session on Indian soil In the very near future we hope to hold an interchange of health officers under the auspices of the League in this country Next year, we trust the League may find it possible to send their Commission of malarial experts to India I need not remind the Congress that we have been participants in past gatherings of the Far Eastern Association of Tropical Medicine It must also be known that India is a member of the International Health Office in Paris and that at present her Public Health Commissioner has a seat on the Health committee of the League of Nations and on the advisory council of the Bureau of Epidemiology at Singapore There are a few concrete instances of our desire for co-operation by association and intercourse If more opportunities for co-operation arise I am sure India will not be slow to respond to the call of service

But I have another motive in dwelling on our readiness for intercourse. There is an impression in some quarters that as a country where certain diseases are endemic, we are doing little to combat them, or to ensure that infection does not spread from our shores to other lands. You have been in Calcutta during an epidemic of cholera which, for the time of the year, was considered by our experts to be serious. Some of you may have seen what is being done to cope with the outbreak. The fact that it has been rapidly brought under control is proof of the efficiency of the health organization of this great city. Lt-Col Russell, who comes from my old Presidency, has given you some idea of what is being done in Madras. Those of you who undertake any of the tours that h
in other parts of
but to support
we have nothin

sirable or possible has been reached. In a country greater in size than the whole of Europe without Russia, and with a population of over three hundred millions, even a small measure of progress represents endeavour which would be equal to the achievement of perfection elsewhere. I confess that a great deal remains to be done and we need all the light and inspiration that the example of other countries can give us. But we plead not guilty to any suggestion that endeavour has not been quickened by the presence of danger or the breath of science.

I do not wish you, Ladies and Gentlemen, to disperse to day with the impression that complacent egotism is the key note of our attitude towards the problems which disease and the effort to prevent and fight disease present. As I have already said, we seek light and inspiration from every quarter. Recently, the Government of India have decided to appoint a committee to inquire into the working of their existing organization of research and to make recommendations with a view to the establishment of a central institute with whose aid schemes of investigation now in progress in different parts of the

... and fresh avenues of inquiry explored. Your side was .. ideal

Service won fresh laurels in other fields, has also, *... and it* possible to agree to serve on the committee which will include two distinguished workers with recent Indian experience, viz., Dr Row and Col Christopher, F.R.S. The Government of India trust that their labours may impart to medical research in India fresh impetus and definiteness of direction.

Ladies and Gentlemen, I must not detain you too long. You have worked hard and still have a busy round of engagements to go through. It would be inconsiderate of me to weary you with my discourse. I shall offer one word of explanation for the prominence which I have given to research in my remarks. It is because I feel that in the field of medical research, international co-operation can, at this stage, be most fruitful. And gatherings like the

*... a forum for exchange of ideas
one
mis-*

understandings of method and objective dispelled. Men separate with greater clarity of vision and strength of purpose to renew their tasks. May the 7th Congress of your Association conclude its labours in the consciousness of much good accomplished and with faith renewed.

Professor Shiga's speech.

Hon'ble Minister, Mr. Chairman, I ladies and Gentlemen

I deem it a great honour and privilege to express our sincere thanks to you
 we
 City
 His

Excellency the Viceroy our Association was enabled to meet here in the beautiful city of this great Empire in the largest scale we ever had. We are very grateful to the special mission of the Honourable Minister of Education, for which I express most heartfelt thanks. Special thanks are due to the Local Committee of our Association, who carried out the preparation and execution of this 7th Congress with utmost care and effort, by which the smooth course and fruitful results of the present Congress were attained, for which I congratulate most sincerely all the Local Committees.

Expecting the re union after 3 years, I thank you all.

The Hon'ble Dr. A. L. Hoops' speech

I rise on behalf of the foreign delegates their wives and families to second what our friend Dr. Shiga has said and to thank the Government of India, the Governments of Bengal and of other provinces of India, Major General Symons our President and the Hon'ble Sir Muhammad Habibullah and all those who had made this Congress a success, for no doubt the Congress has been a success.

At the 1st conference in Tokyo two years ago our distinguished President Baron Kitasato said 'Disease knows no boundaries' and General Symons has stressed the same point, namely the international character of disease. In that connection the new international convention of Paris in 1926 is of the greatest importance and so is the work of the health committee of the League of Nations whose President Dr. Madsen, is with us at this Congress. We know what the League of Nations is doing to combat diseases in the world, and we were privileged in Singapore to have a seat on the Bureau of Epidemiological Intelligence in the Far East. A meeting of the Advisory Council of this Bureau will take place in Delhi during Christmas and Col. Graham will preside over it. We have also the work of the Rockefeller Foundation, whose representative Dr. Heiser is with us to day for the prevention of diseases. I know that the

Service

In conclusion I would again renew the thanks of the foreign delegates to the Government of India and to other officers for the success of the F. E. A. T. M. Congress and the splendid hospitality that we have received at your hands.

Major A. Parker Hitchen's speech.

The 7th Congress of the F E A T M has added further evidence to the already well known fact that communicable disease recognizes no political boundaries. The fundamental problems in disease control here in India are, we find, practically identical with our problems in the Philippine Islands and with our problems in the United States.

One impression I have gained here is that, as with us there are two really fundamental problems—and only two. One is how best to do public health work when more or less adequate funds are available and the other, and more important, is how to get public health work done with no money appropriated by Government for specific sanitary measures.

Anybody can spend money but it is not every one who can invest money as has been done in Malaya in its management of malaria. Any country is fortunate which can employ such a group as that which has solved so many of the problems of kala azar here in India. Any country is fortunate which can attract research workers such as those we have met here from the various institutions of India. We have always known these men through their work and now that we have met them face to face we shall take a keener interest in the things that interest them. To provide research men and give them the facilities for their work depends directly upon adequate funds. That country also will be fortunate which has established in the public schools, especially

habits

The great mass of our populations maintain their communicable diseases through the exercise of century old bad sanitary habits. Before we shall ever come near attaining the goal towards which we are striving we must

in the earlier years of life and they are fixed by practice not by learning exclusively from textbooks.

Our functions as students of disease and as administrators of public health and as healers of the sick all have their important places but the incidence of communicable disease will undergo no satisfactory reduction until the habits of the people undergo specific changes. The habits which tend to favour the transmission of disease must be changed to habits which will tend to hinder such transmission. From the standpoint of ultimate disease control it is obvious that with or without funds appropriated for specific health purposes our work can go on and where we have the intelligent co-operation of our Bureau of Education we can do efficient disease prevention work. We can under these circumstances, actually make bricks without straw.

RESUME OF PROCEEDINGS OF SCIENTIFIC SECTIONS*.

SECTION I

SECTION II

State Medicine and Hygiene and Child Welfare

SECTION III

Plague Cholera Dysentery, Sprue Intestinal Infections Bacteriophage
Leprosy Tuberculosis and Bacteriology

SECTION IV

Malaria Kala azar Protozoology Typhus like Diseases and Leptospiral
Medical Entomology and Helmithology

SECTION V

Nutrition Deficiency and Endocrine Diseases Immunology Chemotherapy
Rabies and Pharmacology

SECTION VI

Veterinary

SECTION L

Medicine, Dermatology and Pathology

DECEMBER 5TH 11 A M TO 1 P M AND 2 TO 4 P M

Chairman — Major H Stott I M S (U P B India)

Rapporteur — Dr J M Henderson (Bengal B India)

At the morning session the proceedings were opened by Lt Col F A F Barnardo I M S (Bengal B India) who read a paper on the importance of mixed infections in the Tropics. In the discussion which ensued various speakers also testified to the importance of this subject in tropical practice. Lt Col C A Sprawson (U P B India) then followed with a most informative paper on Disseminated Sclerosis in India. This provoked a most interesting discussion various members questioning the content of the speaker that the disease is rare in Indians. Major Labernadie (Pondicherry French India) then contributed two short papers and the morning session was brought to a close by Dr U P Basu (Bengal B India) enlightening contribution on the scope of Digitalis in the Tropical Heart of Bengal.

At the afternoon session papers were read by Dr J W Tomb (Bar and Orissa B India) and by Dr Rai Bahadur Ganguly (Bengal B India) on various aspects of Cholera. A short discussion followed Dr Ganguly's paper. In the absence of the author a summary of Dr S K Mukherji's (Bengal B India) paper on the Epidemiology of Infantile Biliary Cirrhosis of the Liver was given by the Rapporteur and the proceedings terminated.

* The above resume of proceedings was prepared by the Rapporteurs of the different sections after each meeting.

Surgery.

DECEMBER 5TH 11 A M TO 1 P M

Chairman—Major General G. Tate, V. H. S., I.M.S. (Bengal B. India)*Rapporteur*—Lt Col E. W. C. Bradfield, O.B.E. I.M.S. (Madras B. India)

The Surgical Section opened with a paper by Major General Hooton I.M.S. (Bombay, B. India) on the 'Choice of Operation for Vesical Calculus'. The writer emphasized the advantages of litholapaxy and pointed out that in India the results had been so satisfactory that the operation had been considered thoroughly established for many years past as the procedure of election. For a considerable period, however, there appeared to have been a gradual tendency to substitute supra pubic lithotomy for litholapaxy in Europe and America which had been reflected in recent publications and teachings. He still advocated litholapaxy as the operation of choice in all but exceptional cases.

The subject was fully discussed by those present. Most of the speakers agreeing with the contentions laid down by General Hooton. It was pointed out however that supra pubic lithotomy would be carried out by surgeons who had little opportunity to practise the operations of litholapaxy.

Two papers on Filariasis followed one by Lt Col Sir Frank P. Connor I.M.S. (Bengal B. India) the other by Lt Col K. K. Chatterji (Bengal B. India). The subsequent discussion served to emphasize the large gaps in our knowledge of the etiology and pathology of this important disease.

On the title of the paper read by Lt Col E. W. C. Bradfield (Madras B. India) During the discussion on this paper Lt Col K. K. Chatterji (Bengal B. India) gave his experience of the disease in the indigenous population. Pointing out the overwhelming preponderance of cases in certain areas and giving as a possible explanation the presence of constipation, phthisis and a staple diet of tapioca instead of rice. From this he argued that duodenal ulcer was usually a deficiency disease.

The section concluded its sittings with a paper on the 'Surgical complications of Chronic and Latent Amoebiasis' by Col Chatterji and the description of an operation for 'The Relief and cure of Endemic Ascites' by Captain Nigam (U. P. B. India).

DECEMBER 6TH 10 A M TO 1 P M

Chairman—Dr W. B. A. Moore (China)*Rapporteur*—Dr J. V. Henderson (Bengal B. India)

Lt. Col F. A. F. Barnardo I.M.S. (Bengal B. India) opened the proceedings with a paper on Enteric Fever. The speaker emphasized the necessity for early accurate diagnosis before secondary infections obscured the picture. The gravity of secondary streptococcal infection was stressed and the need

for anticipating this complication by adequate dosage of anti-streptococcal
cussion
P B
W de
Epi
3uds of

Role of Gold Salts in the treatment of Pulmonary Tuberculosis and 'Seasonal Variations in Body weight in Pulmonary Tuberculosis' were then submitted and a short discussion followed each. The morning session ended with an interesting paper by Dr Gupta (Bengal B India) on Dermatology in the Tropics.

2 TO 4 P.M.

Chairman—Dr. N. C. Promma, (Siam)

Papporteur — Dr J M Henderson (Bengal B India)

The afternoon session met under the Chairmanship of Dr Prommas (Siam) and was devoted entirely to a discussion on diabetes particularly with reference to Eastern conditions. The subject was dealt with both from the biochemical and the clinical sides and an interesting interchange of views resulted.

Ophthalmology

DECEMBER 6TH 10 AM TO 1 PM

Chairman - Col C R Bakhle I M S (Punjab B India)

Reporteur — Major F W O G Kirwan (Bengal B In ha)

Two papers were read on Glaucoma by Col. Copperger (Bengal B India) and Dr. Mukerjee (Bengal B India). Discussions took place on the causation and treatment of this disease which is common in Bengal and in the recent outbreak of epidemic dropsy a very large number of cases occurred. The authors pointed out the importance of early operative treatment to prevent a considerable loss of vision or even total blindness.

A valuable paper on Ocular Tension by Major Clive Newcoml and Capt Vernon (Mauras B. India) was read by the former. The importance of hypertonic saline given intravenously was pointed out as a means of treatment in glaucoma to lower tension in the eye.

A paper on the peculiar complications in Leprosy was read by Major Kirwan (Bengal B India). The author pointed out the importance of early treatment to prevent loss of vision. The article was illustrated by coloured plates of eye lesions as seen in the Leper Asylum Golra Calcutta.

A paper on Moore's Ulcer and another on the Ocular Fin lines in Amoebic Dysentery were read by Dr. Bhaduri (Bengal, India).

Gynaecology and Diseases of Pregnancy

DECEMBER 6TH 2 TO 4 P.M.

Chairman—Dr. Kedarnath Das (Bengal, B. India)

Papovirus—Dr M I Balfour (Bombay, B India)

Dr Margaret I Balfour (Bombay, B India) read a paper on Diseases of Pregnancy in India. The result of an all India investigation showed that

much of the maternal mortality in child birth was due to disease during pregnancy. The most important of these diseases are anaemia and osteomalacia which are common in India but very rare in Europe. The clinical symptoms and blood changes of anaemia of pregnancy were dealt with and the likelihood that the disease was due to an intestinal toxin discussed. Dr (Miss) M. M. Mehta (Bombay, B. India) read a paper by herself and Dr A. Emanuelov on the Pathology of the Above Disease showing the lines on which the investigation is proceeding at the Haffkine Institute, Bombay. Dr Agnes Scott (B. India) read a paper on Osteomalacia describing an investigation undertaken by herself in India 12 years previously, and giving the results of some more recent investigations in China and Europe. Dr Scott described the great danger of this disease in child birth, and mentioned the remarkable fact that it was largely confined to certain communities and certain parts of India. The communities chiefly to make its thorough

The discussion which followed included all 3 papers and was taken part in by Col Green Armitage (Bengal, B India), Major Fleming Gow (Bengal, B India) Dr Lakshmanaswami (Madras, B India), Dr B D Mukerjee (Bengal, B India), Dr Goheen (Vengurla, B India), Dr Roy (Bengal, B India) and others Dr Balfour and Dr Scott replied and the Chairman made some concluding remarks

DECEMBER 8TH, 10 A.M. TO 1 P.M.

On Thursday morning a discussion on vesico-vaginal fistula was opened by Dr Ida Scudder (Madras, B India). Many speakers took part.

Dr Kedarnath Das (Bengal, B. India) read an interesting paper on the History of Obstetric Operations and described various methods used by the Hindu doctors from 1600 B. C. onwards. He further showed the gradual development of modern obstetrics up to Chamberlen's time.

Mental Hygiene and Psychiatry.

DECEMBER 8TH, 10 A M TO 1 P M

Chairman = Dr. B. M. Usman (Hyderabad State, B. India)

Rapporteur—Lt Col Owen Berkeley Hill, I M S (Bihar and Orissa, B
India)

Col Berkeley Hill (Bihar and Orissa, B India) read a paper entitled 'Mental Hygiene of Europeans in Tropics'. He mentioned that mental hygiene is so new a term as to be almost unknown or quite misunderstood

in tropical countries about nervous and mental disorders. There is certainly a tendency among Europeans in the tropics to suffer from an almost specific neurosis and from its symptomatology Col Berkeley Hill said he considered it to be a form of 'anxiety neurosis'. So far no nation except the French had made any attempt to formulate a conception of mental hygiene as a

branch of general tropical hygiene Col Berkeley Hill called attention to the deplorable condition in India in respect to the study of mental and nervous disorders He said he was glad to note that the Province of Madras had at last realized the necessity for radical reforms in this aspect of medical education

Capt Dhunjibhoy (Bihar and Orissa, B India) read a paper on the Type of Mental Disorder produced by *Cannabis Indica* taken either as Bhang or Charas He indicated the percentage of Indians admitted into the Mental Hospital at Ranchi suffering from the effects of *Cannabis Indica* as 35 per cent of the total number of admissions Capt Dhunjibhoy showed specimens of *Cannabis Indica* and a collection of pipes employed usually for its consumption

Dr S Funaoaka (Japan) displayed some interesting specimens to illustrate a method he had devised for staining the central nervous system for purposes of studying morbid changes therein

Radiology.

DECEMBER 8TH, 2 TO 4 P M

Chairman—Dr E Jourdian (French Indo China)

Rapporteur—Lt Col J A Shorten, I M S (Bengal, B India)

(Bengal, B India) were among those who contributed to the discussion

Dr Jourdian then read his paper on 'Utilité des Examens Radioscopiques répétés au cours des Affections Cardio-vasculaires des Béni bériques' This was illustrated by diagrams Dr Galstaun in the course of his remarks con-

examinations

Dentistry.

DECEMBER 5TH, 11 A M TO 1 P M

Chairman—Mr J E Gill, L D S (Bengal, B India)

Rapporteur—Mr J E Gill L D S (Bengal B India)

Dr Ahmed (Bengal B India) read a paper on 'The habit of Pan-chewing' and Dr Modi (Bombay, B India) a paper on 'Some observations on Pan chewing—the use of Baval stick as a tooth brush and tooth pastes as a Dentifrice' These were followed by a paper on 'Oral Sepsis' by Mr H A Tayor, L D S (Edn).

Interesting discussions followed each paper.

SECTION II.

State Medicine and Hygiene.

DECEMBER 7TH, 10 A M TO 1 P M

Chairman — Dr A L Hoops (Straits Settlements)*Rapporteur* — Major G G Jolly, I M S (Burma, B India)

In the forenoon Col Graham, *Public Health Commissioner with the Government of India* opened a discussion on 'Quarantine,' outlined the history of the subject and described the activities of the various international organizations including the 'League of Nations' and the 'Office International d'Hygiène Publique.' He referred to the several International Conventions dealing with quarantine and discussed the provisions of the Paris Convention of 1926 and its implications. He suggested a number of points requiring an answer affecting the role of the domesticated rat in regard to plague. Dr J Borland McVail (Bengal, B India) described in graphic detail the Quarantine Conditions prevailing in the Port of Calcutta.

Dr Crow (Bengal, B India) dealt with the question of the De-ratting of Ships and showed how systematized test trapping may serve as an indication of the need for fumigation. After these papers had been read, a long and highly interesting discussion took place in which the following gentlemen participated —

Lt Col Bisset (Burma, B India) Dr Fabian Hirst (Ceylon) Dr Victor G Heiser (Rockefeller Foundation), Col Houston (Bombay, B India) Major Jolly (Burma, B India), Dr Hoops (Straits Settlements)

After Dr McVail and Col Graham had replied the session closed

2 TO 4 P M

Chairman — H S H Prince Vallabhakara (Siam)*Rapporteur* — Major G G Jolly, I M S (Burma, B India)

In the afternoon Lt Col Russell, I M S (Madras B India) read a paper on Cho'era Bilvaccine and Anti cholera Vaccine in which he showed the results of his field tests in the Madras Presidency which showed that both anti cholera vaccine and cholera bilvaccine afford an important measure of

Col De Mello then read a paper on the Clinical and Epidemiological Aspects of Epidemic Cerebro spinal Meningitis in Portuguese India

A paper on a 'Recent Staff' of the Health of the Imperial Japanese Navy' by Dr Takashi followed

Dr Te' an) then re paper on a Bacteriological and Parasito on the D

DECEMBER 8TH, 10 A M TO 1 P M

Chairman—Dr Wu Lien Teh (North China)*Rapporteur*—Major G G Jolly, I M S (Burma, B India)

Bangalore agreed with those of Col Stewart

A paper followed by Lt Col Russell (Madras B India) on Population and Public Health in India which raised many fundamental issues and suggested questions to which the answers are very difficult Dr Tomb (Bihar and Orissa B India) Col Gill (Punjab B India) and Col Bisset (Burma B India) took part in a discussion which appeared likely to become general but was unfortunately closed by the chair on account of shortage of time

2 TO 4 P M

Chairman—Dr C R Eskey (United States of America)*Rapporteur*—Major G G Jolly, I M S (Burma B India)

The following papers were read at the afternoon session —

Incidence of Pulmonary Tuberculosis in Multan City by Dr Gian Singh

'Experimental Studies on the Entrance Path of Smallpox' by Prof Nakamura

'A Statistical Enquiry into School Myopia' by Dr Banerjee

'A Historical Review of Health Activities in the Philippine Islands' by Dr Intengan

There was no discussion on these papers

Five other papers down for reading were taken as read owing to the absence of their authors

Maternity and Child Welfare

DECEMBER 9TH 10 A M TO 1 P M

Chairman—Dr (Miss) A C Scott (B India)*Rapporteur*—Dr Ruth Young (B India)

Opening papers were read by Dr Jourdran (French Indo-China) on (1) Indications for the Employment of Lactation in enfeebled Women in Hot Climates and (2) Statistics as to the Hour of Birth of Children in the Maternity Hospital

Thereafter papers on the Organization of Child Welfare Work were read by Dr Ruth Young (B India) Dr S H Commissariat (U P, B India), Dr Headwards (Bengal, B India) and Dr Tilak (Bombay B India) A brief discussion followed Raja Bahadur Dr Chum Lal Bose (Bengal, B

India) stressed the lack of education, but contended that improvement was already noticeable Dr Munsiff (Bombay, B India) said that the social reformers must join hands to effect, Col Russell (Madras, B India) emphasized the need for efficient maternity service. Dr (Mrs) tone of her paper as are work people had tried to run before they could creep. He felt that much bad work had been, and was being done but he outlined the scheme the Madras Government had in hand for giving better training to health visitors Dr (Mrs) value of a idealar (Madras, B India) emphasized the need for efficient maternity service. He said the view point in Madras was not to attempt dais' training the dais should be ended, not mended

DECEMBER 10TH 10 TO 11 30 A M

Chairman —Dr A C Scott (B India)

Rapporteur —Dr Ruth Young (B India)

The session re opened at 10 o'clock. The discussion on the organization of child welfare work continued. Numerous speakers contributed to the discussion. Dr Ruth Young As a result the following resolution was passed — That this section of the Congress records its emphatic opinion that a trained medical woman should be appointed in each province to act as a Deputy Director of Public Health to organize all the Maternity and Child Welfare work in the province

This resolution did not reach the General Organizing Secretary in time to be placed before the General Business Meeting of the Association and therefore cannot be included amongst the official resolutions passed by the Congress

SECTION III

Plague

DECEMBER 5TH, 11 A M TO 1 P M

Chairman —Col J D Graham I M S (B India)

Rapporteur —Lt Col J Taylor I M S (Burma B India)

The opening session was held under the presidency of Col J D Graham, C I F I M S (B India) who informed the meeting that the opportunity

of the presence of the members who had expert knowledge on the subject co-operate with them for the purpose of discussing the lines on which further

research is desirable and on which control might be based. Lt Col F P Mackie, I M S (Bombay, B India) outlined the present position of the plague problem as it affected various parts of the world and pointed out the nature of the special problems which at present awaited solution. Papers were then read on the following subjects —

Problems of pneumonic plague—Dr Wu Lien Teh (North China)

Experiments in the transmission of plague by *X. cheopis* and *X. aethiopicus*—Dr A N Goyle (U P, B India)

An unrecognized type of plague—Dr Cholay (Bombay, B India)

2 TO 4 P.M.

Chairman—Lt. Col F P Mackie, I M S (Bombay, B India)

Rapporteur—Lt Col J Taylor, I M S (Burma, B India)

At the afternoon session two further papers were read on Perpetuation of Plague in Wild Rodents by Dr Wu Lien Teh (Manchuria N China) and 'Standardization of Hasskine's Plague Prophylactic' by Dr Naidu and Jamadar Shamsher Jung (Bombay, B India)

The remainder of the time was devoted to discussions on the epidemiology of bubonic plague in which a large number of speakers took part special interest being taken in Col Forster's (Punjab, B India) account of the results of dealing with villages infected late in the plague season as a means of preventing recrudescence in the following season

DECEMBER 6TH, 10 A.M. TO 1 P.M.

Chairman—Lt Col F P Mackie, I M S (Bombay, B India)

Rapporteur—Lt Col J Taylor, I M S (Burma, B India)

A very interesting paper was read by Prof Nikanorov of Birovot on Plague in South East Russia which showed the marked differences in the epidemiology of plague in the two countries.

ideas found all of which were capable of carrying plague and none of which were the same as those found in India was illustrated. A discussion then followed on pneumonic plague and the clinical and therapeutic aspects of the disease. To this discussion was added a résumé of a paper on the Treatment of Bubonic Plague by Dr Patel and Khan Bahadur C R Avan (Bombay, B India)

Cholera.

DECEMBER 6TH, 10 A.M. TO 1 P.M.

Chairman—Dr. A. R. Wellington (Federated Malay States)

Rapporteur—Lt. Col A. J. H. Russell, I M S (Madras, B. India)

Lt. Col Russell, I M S (Madras, B. India) opened with a paper on Statistical Studies in the Epidemiology of Cholera, in which he gave a synopsis

of the statistical work on the disease on which he had been engaged for the past 4 years. ~~Upto 1901~~
of
in
H1c

humidity accompanied by intermittent rains was the combination which favoured the outbreak of epidemic of cholera

Lt Col Russell also criticized as impracticable the mass inoculation of pilgrims before their attendance at religious fairs and festivals, a method proposed by Sir Leonard Rogers in his recent papers on the Epidemiology of Cholera

Col Dunn (United Provinces, B India), Col Forster (Punjab, B India), Dr Tomb (Bihar and Orissa, B India) and Col Ross (Bihar and Orissa, B India) all took part in the subsequent discussion in the morning, all supporting the objections raised by Col Russell to Sir Leonard Roger's theories

2 TO 4 P M

In the afternoon the papers and discussions were confined to the subject of Variation of Agglutinability of Vibrios. Considerable differences of opinion were expressed by Dr Tomb, Captain Maitra (Bengal, B India), Col Russell (Madras, B India), Dr Pandit (Madras, B India), and Dr Mukerjee (Bengal, B India) and it seems that in this subject further work will have to be done before a final conclusion is reached

Dysentery

DECEMBER 7TH, 10 A M TO 1 P M

Chairman — Professor K Shiga (Korea)

Rapporteur — Lt Col J Morison, I M S (Burma, India)

The section opened with a paper by Dr Uhl (Bengal, B India) dealing with the Dysenteries of Bengal. These diseases are spread by personal contact, by flies, and by the drinking of contaminated water. In order to test the proportion of infections examinations of these insects in Egypt their excreta have been demonstrated by the writer in Bengal. Both in the paper and by various speakers during the discussion the fact was brought out that bacillary dysentery is far more frequent than the amoebic form, the percentages given by different speakers varying from 66 per cent to 90 per cent

A paper on Sprue was presented by Col Mackie, who showed that we were till far from knowing what the cause of this disease was and that much work remained to be done

Bacteriophage.

The paper on Bacteriophage by Dr D Herelle (Egypt) opened up a most interesting vista of enquiry and hope. Briefly summarized his statements mount to this, that among the bacilli which attack the human body and cause disease there can be developed a disease which attacks and preys upon the bacteria themselves, destroying them and thus producing a cure

2 TO 4 PM

Chairman—Lt Col Morison, I M S (Burma, B India)

Rapporteur—Dr Digby Roberts (Assam, B India)

Dr F d Herelle read a paper on the Pathology and Epidemiology of Infectious Diseases of the Intestinal Tract and of Cholera in Particular'

Dr D Herelle explained that the work embodied in the paper was shared by Major R H Malone I M S and Dr M N Lahiri (B India). The pathology of cholera was studied on patients at the Campbell Hospital, Calcutta and later on the British Hospital, Madras.

represented the moment when convalescence was established Dr D Herelle detailed the procedure observed in collecting and studying the material. Thirty three cases were studied in detail—23 of whom 7 died were seen in Calcutta and 10 of whom 5 died in the Punjab. Of the 12 deaths 6 died within 24 hours and from none of these was bacteriophage isolated virulent for vibrios from the patient himself or for any other vibrios. Two died between 24 hours and 48 hours and in none were bacteriophages found. Four died between 48 and 96 hours and in these a bacteriophage of feeble virulence was found. In the case of the 21 patients who survived the existence of a powerful bacteriophage early in the illness in 5 cases was followed by rapid recovery even in cases very seriously ill. In the remaining 16 cases the bacteriophage steadily increased in virulence and without exception reached a high potency between 24 and 72 hours after the commencement of the symptoms the favourable course of the disease corresponding to the increasing activity of the bacteriophage.

The study of the bacteriophage in a community exposed to infection was then recounted. In certain villages where no case of cholera previously existed bacteriophages virulent for cholera vibrios were isolated from well waters and flies. These villa villages appeared to be immun found in the wells or flies latter category no bacteriophage was found in the environment but after some days bacteriophage virulent for cholera vibrios was obtainable from well water and from flies. The epidemic ceased when contamination by the bacteriophage became generalized.

munds of the young, just as golf, tennis and cricket were encouraged. The co-operation of mothers ought to be secured in taking care of and in teaching their children. He considered these measures to be very important in any campaign against tuberculosis. A short discussion also took place on the artificial pneumothorax method of treatment of lung tuberculosis in India.

Bacteriology.

DECEMBER 9TH, 10 A M TO 1 P M.

Chairman—Dr F d'Herelle (Egypt)

Rapporteur—Captain K R K Iyengar, I M S. (B. India).'

The section of bacteriology first dealt with two papers on Fungal Infections of the Skin by Dr McGuire (Bengal, B India) and Dr Panja (Bengal, B India). The first dealt with the Colour Variations found in *Epidermophyton cruris* in Culture—the latter with the Morphology and Cultural Characteristics of the Malassezia of the Skin. These papers were accepted without discussion. A paper on 'Streptococci in the Tropics' by Dr Bannerjee followed. Col Froilano de Mello (Portuguese India) concluded the morning session with a long and interesting communication on the Spirochaetal Fauna of the Teeth which dealt thoroughly with this complicated and difficult subject.

2 TO 4 P M

Chairman—Dr A H Baldwin (Australia)

Rapporteur—Captain K R K. Iyengar, I M S (B India).

At the afternoon session papers were read on 'The Cryptococcus' by Dr Bannerjee (Bengal, B India). The Aerobic Bacterial Flora in cases of Cellulitis and Gangrene by Dr Ukil (Bengal, B India), Actinomycosis Hominis by Dr Sur (Bengal B India) and on the Incidence of Anthrax in Industrial Materials by Mr Krishnamurti Ayyar, I V S (Madras, B India). This last paper promoted some discussion on the provisions necessary to render such materials safe for use in which Mr Edwards (U P, B India) and Dr Panja joined.

SECTION IV.

Malaria : Control.

DECEMBER 5TH 11 A M TO 1 P M

Chairman—Sir Walter Fletcher, K B E (Great Britain)

Rapporteur—Lt Col C. A Gill, I M S (Punjab, B India)

Sir Malcolm Watson opened the section with a paper on the Future of Malaria Control in the Malay Peninsula, which was followed by an interesting

account by Lt Col S P James (Ministry of Health, London) of the proposals of the Malaria Commission of the League of Nations in respect of Malaria Control in South East Europe. Dr Scharff (Straits Settlements) recounted the result of Mosquito Control Measures in Rural Singapore, after which an interesting discussion, in which Dr Hoops (Straits Settlements), Dr Victor Heiser (Rockefeller Foundation), Dr Wellington (Federated Malay States) and others took part, served to bring out the complex nature of the malaria problem, and the necessity of further research, and the diverse methods of control that may be employed in different areas.

2 TO 4 P M

In the afternoon the same point was emphasized in a paper on 'The Theory and Practice of Malaria Control' by Lt Col C A Gill, I M S (Punjab, B India) which was followed by papers by Dr Strickland (Bengal B India) by Col Matsuno on Malaria in Japan, by Dr Ramsay (Assam, B India), and by Mr Iyengar (Bengal, B India).

Malaria : General.

DECEMBER 6TH, 10 A M TO 1 P M

Chairman — Sir Malcolm Watson (Federated Malay States)

Rapporteur — Bt Col S R Christophers, I M S (B India)

The discussions on malaria continued and the new point of view of paying special attention to the mosquito itself which transmits malaria rather than to its larva which is the objective of most anti malarial work at present was dealt with by Lt Col James (Great Britain). Considerable difference of opinion among experts was found to exist on this point but the points at issue resolved themselves largely into the necessity of fully realizing how very varied are the different conditions under which malaria occurs. An important point was raised by Lt Col King (Madras, B India) which dealt with the necessity of considering public and other engineering works in relation to malaria. Large works are frequently put in hand which actually create facilities for malaria simply because the engineers responsible do not recognize the importance of certain precautions which are desirable from the point of view of the public health and on which proper expert medical advice should be arranged as a matter of routine. Sir Malcolm Watson (Federated Malay States) pointed out that they had largely got over this difficulty by the appointment of a special malaria engineer.

Malaria : Treatment.

DECEMBER 7TH, 10 A M TO 1 P M

Chairman — Professor J W W Stephens (Great Britain)

Rapporteur — Major J A Sinton, I M S (B India)

Col James (Great Britain) read a very instructive paper on 'Experiments in the Treatment of Malaria in England'. This valuable paper should give all malarialogists much food for thought and should stimulate research along

fresh lines. He discussed among other points the mechanism of cure in malarial fevers and some possible factors which may be responsible for variations in the immunity of different persons to infection by the malarial parasite.

B India) then discussed the action of quinine on the malarial parasites.

Upon the completion of these papers a very interesting and stimulating discussion occurred in which the following took part —

Prof Stephens (Great Britain) Dr Esch (C P B India) Sir Malcolm Watson (Federated Malay States) Dr Surti (Hyderabad Deccan) Col Gill (Punjab B India) Dr Sarkar (Bengal B India) Dr Williams (Assam B India) Mr Senior White (B India) Dr Murphy (Assam B India) Dr Guttins (C P B India) Dr Ghosh (Bengal B India) Col Knowles (Bengal B India)

Replies were given by Col James (Great Britain) Major Sinton and Dr Shaha.

2 TO 4 PM

In the afternoon papers were read by Col De Mello (Portuguese Ind a) on Malaria Treatment and by Dr Moresheta (Formosa) on Malaria in Formosa

Kala-azar

DECEMBER 8TH 10 A M to 1 P M

Chairman—Lt Col S P James I M S (P d) (Great Britain)

Rapporteur—Dr L E Napier (Bengal B India)

The kala azar section was opened by Lt Col Knowles (Bengal B

Commission working in Assam and how they had carried the work further by showing that the sandfly's mouth parts actually became infected. It had been proved that the sandfly almost certainly injected the parasite

It had been proved that the ~~sandfly~~ ^{adult} ~~certainly~~ ^{entirely} ~~infected~~ ^{the} ~~parasite~~
of the investigation namely to show that the man
e bite of a sandfly was still wanting. He
e could not infect a man or even an exper-
an and the experimental animal were very
resistant to infection. He produced evidence to support this apparently anom-
alous suggestion. He thought that it was necessary to make further exper-
iments in reducing the powers of resistance to infection of experimental animals.
Major Shortt (B. India) gave a short description of the life history of
Leishmania donovani: the parasite of kala azar in the sandfly and in man.

he added a further description of what he believed to be the method by which man becomes infected when bitten by an infected sandfly. Dr. C. W. Young (17-18) gave a brief account of his experiments. A very stimulating discussion followed these three papers. Lt-Col W. C. Ross (Bihar and Orissa, B. India) put forward the suggestion that insufficient epidemiological work had been done on this problem and that the contaminative theory of transmission was worthy of more consideration. Other members, including Col Christophers (B. India), Col Megaw (Bengal, B. India), Dr. Brahmachari (Bengal, B. India), and Dr. Napier (Bengal, B. India) spoke. The two former were of the opinion that the evidence was so strongly in favour of the sandfly being the transmitter that work on this insect alone should be continued for the time being. Lt Col Knowles summarized the discussion and dealt with the various points that had arisen. He pointed out that Col. Ross was wrong in complaining that little epidemiological work had been done, a great deal of epidemiological evidence had been sifted and it was as a direct consequence of this work that the sandfly had been first incriminated as a possible transmitter. He replied to other points that had been raised.

A paper was then read by Dr. B. M. Das Gupta (Bengal, B. India) and another by Lt Col Acton (Bengal, B. India) on the Mode of Action of Antimony in Kala-azar.

Protozoology, Typhus-like diseases and Leptospiræ.

DECEMBER 9TH, 10 AM TO 1 PM

Chairman—Col S. L. Brug (Netherlands Indies)

Rapporteur—Lt Col R. Knowles, I.M.S. (Bengal, B. India)

Lt-Col R. Knowles, I.M.S. (Bengal, B. India) read a paper on the Influence of the Thyroid Gland on the Course of a Protozoal Infection *via surra*. It

R. Knowles then read a paper on Avian Spirochaetosis. The cycle in both the vertebrate host, the fowl, and in the invertebrate host—the tick, *Argas persicus*, was discussed in detail. In the fowl there is a single attack of fever and spirochaetes may be present for 3 to 7 days in the blood. No evidence was found of any granule phase, or of phagocytosis of the spirochaetes. The disease terminates in birds which recover by the spirochaetes forming into enormous tangles in the blood in which the spirochaetes gradually become immobile and then disintegrate. In the fed tick the vast majority of spirochaetes gather into similar big tangles and disintegrate. The few that survive, however, rapidly divide down until there are produced swarms of minute 'tenue' forms. These invade the body-cavity of the tick about the 6th day, and from it all the viræra. There is a progressive invasion especially of the salivary glands, and the tick becomes infective *via* the bite on the 6th day. No evi-

dence of any granule phase was found. The paper was discussed by Dr Dal (Bombay, B India) and Major R B Lloyd (Bengal, B India)

2 TO 4 P.M.

Chairman—Dr Naosuke Onodera (Japan)

Rapporteur—Lt Col R Knowles, I M S (Bengal, B India)

In the afternoon a paper was read by Lt Col J W D Megaw, I M S (Bengal, B India) on Typhus like Fevers caused by Ticks. The author related his own personal experience of having contracted such a fever after a bite from a tick. He then discussed the scattered sporadic cases of typhus-like fever occurring after tick bites in Hyderabad, Saugor, and elsewhere. Also other groups of cases of similar character which have been recorded from various areas in India, the Federated Malay States, and elsewhere, but where no history of a bite from a tick could be obtained. The similarity of this fever to Rocky Mountain spotted fever and Brill's disease was discussed. The paper was followed by a considerable discussion in which Dr Schobl (Philippines), Major Thompson (U P, B India) and Dr Strickland (Bengal, B India) took part.

A paper was then read by Dr C Strickland on an Epidemic of Pseudo-typhus which occurred in Southern Queensland whilst he was on leave in Australia in 1925. The author described the type of fever, the type described by Col Megaw, and the affected those working in agriculture. The author suspected animal reservoirs of the disease, and transmission was probably by intermediate hosts.

Dr Otto Schobl (Philippine Islands) then read a paper on Experimental Frambœsia in the Monkey. This was illustrated by a splendid set of lantern slides showing every phase of the disease in experimental monkeys, the primary yaw papule, the metastatic lesions, the lesions on the hands and feet and the ulcerative late lesions which occur in the neighbourhood of joints. The experimental production of gangosa by inoculation with *Treponema pertenue* was fully demonstrated, and the modes of invasion of the nose and pharynx discussed. Dr Schobl's paper was very much appreciated by a large audience and was one of the most noteworthy contributions to the Congress.

Medical Entomology.

DECEMBER 9TH, 10 A.M. TO 1 P.M. AND 2 TO 4 P.M.

Chairman—Br Col S R Christophers, I M S (B India)

Rapporteur—Captain P J Barraud (B India)

The following papers were read—

1 The Morphology of the Buccal Cavity of the Mosquito by Captain Barraud and Major Covell (B India)

2 Regional Distribution of Anophelines and Malaria in Bengal by Mr

- 3 Parasitic Nematodes of *Anopheles* by Mr. Iyengar (Bengal, B India)
- 4 Protozoan Parasites of *Anopheles* by Mr Iyengar (Bengal, B India)
- 5 The Classification and Identification of Members of the Genus *Phlebotomus*, etc., by Major Sinton (B India)
- 6 The Breeding of Sandflies in Nature and in the Laboratory by Dr Smith (Bengal, B India)
- 7 The Seasonal Prevalence of House Flies in Korea by Dr Kobayashi (Japan)

These papers were followed by interesting discussions in which Col Christopher (B India), Sir Malcolm Watson (Federated Malay States), Col Dunn (U P, B India), Col Gill (Punjab, B India), Major Shortt (B India), Mr R Senior White (Bengal, B India), Major Sinton (B India) and others took part

Helminthology.

DECEMBER 8TH, 2 TO 4 P M

Chairman—Col I Frolano de Mello (Portuguese India)

Rapporteur—Dr V T Korke (B India)

A most interesting paper was read by Professor Hata on the Prophylaxis of *Clonorchis* on behalf of Dr Nagano (Japan)

A summary of a paper on the 'Ento parasites' found in the Tarabagan by Dr Li Yuan Po (China) was given by Col F de Mello, the Chairman

DECEMBER 9TH, 10 A M TO 1 P M AND 2 TO 4 P M

Chairman—Dr Hucheng Hsiang (China)

Rapporteur—Dr V T Korke (B India)

Papers on Hookworm were read by Dr Kendrick (Rockefeller Foundation), Dr Sweet (Rockefeller Foundation) and Dr Korke (B India). The papers proved to be very interesting and were much discussed

Nutrition

DECEMBER 5TH 11 A M TO 1 P M AND 2 TO 4 P M

Chairman—Lt Col Edward B Vedder (U S A)

Rapporteur—Major Clive Newcomb, I M S (Madras, B India)

The day opened with a most convincing paper by Col McCarrison (B India) on the Effect of Faulty Nutrition on the Production of many of the Common Diseases of India. He concluded by saying 'When physicians, medical officers of health and the lay public learn to apply the principles which the newer knowledge of nutrition has to impart, when they know what malnutrition means, when they look upon it as they now look upon sepsis and learn to avoid the one as they now avoid the other, then will this knowledge do for medicine what asepsis has done for surgery.'

In the course of the day Col McCarrison read four other papers, Major Sokhey (Bombay, B India), Major Newcomb (Madras, B India), and Dr Bose (Bengal, B India) one each, all dealing with Nutritional subjects. The discussion was keen but good humoured

Deficiency and Endocrine Diseases.

DECEMBER 6TH 10 A M TO 1 P M AND 2 TO 4 P M

Chairman —Dr Victor G Heiser (U S A)

Rapporteur —Major Clive Newcomb I M S (Madras, B India)

The papers on Epidemic Dropsy and Beri beri by Lt Col Megaw and Lt Col McCarrison led to a long and most interesting discussion in which 12 members took part. The discussion revolved round the questions in the first place whether beri beri and epidemic dropsy were the same disease or were different degrees of one wide disease group. In the second place discussion centred on whether the cause of the disease group was one of vitamin deficiency or was due to a toxin derived from the grain or to the action of both these factors. The question of the conditions under which food is stored was especially emphasized by Col Megaw who pointed out that this question had not been given sufficient attention. There was general agreement that the means of preventing these diseases was at hand and consisted in the provision of a well balanced pure vitamin rich food. A paper on the Prophylaxis and Cure of Beri beri by Vitamin Preparations was read by Dr Jansen (Java) and Dr Donath (Java) who demonstrated the vitamin isolated by them.

SECTION V

Immunology, Chemico-therapeutics

DECEMBER 7TH 10 A M TO 1 P M AND 2 TO 4 P M

Chairman —Dr S Hata (Japan)

Rapporteur Captain K R K Iyengar I M S (B India)

An important paper on Some Factors Influencing the Therapeutic Value of Salvarsan was read by Professor Hata (Japan) and was followed by a very interesting discussion in which Drs Napier (Bengal B India) Gupta (Bengal B India) and Sarkar (Bengal B India) took part.

The following other papers were read and discussed —

- 1 Relation between Chemical Constitution of Antimonials and their Therapeutic Properties by Dr Brahmachari (Bengal B India)
- 2 Chemotherapy of Bubonic Plague by Father Carius and Dr Naidu (Bombay B India)
- 3 Further Evidences on Lipo dophile Antigen Antibody Reaction by Professor Taniguchi (Japan)
- 4 Development and Duration of Immunity by Inoculation and Re-inoculation by Col Harvey and Capt Iyengar (B India)
- 5 Some clinical aspects of the Wassermann test by Major Lloyd (Bengal British India)
- 6 La Syphilometrie by Major Labernadie (French India)
- 7 The use of Δ ethoxyguaninoacridinolactate in Tropical Coitis by Dr Urchs (Bengal B India)

Pharmacology.

DECEMBER 8TH 10 A M TO 1 P M AND 2 TO 4 P M

Chairman—Dr B C P Jansen (Netherland Indies)

Rapporteur—Lt Col R N Chopra I M S (Bengal B India)

Owing to the indisposition of Professor Read (China) his paper on the Action of Ephedrine was read by Major Hitchens (Philippine Islands). In the discussion that followed Col Chopra (Bengal B India) pointed out

B India) read a paper on The Stability of Chlor de of Lime pointing out that this compound deteriorated when kept perfectly dry Col Chopra

He found both among the infants and adults the habit prod of physia as well as mental deterioration Dr Kessler (China) read a paper on the Action of Cardiazol which is an excellent circulatory and respiratory stimulant Dr Kubota (Manchuria) read a paper on the Investigation he is carrying with the Chinese Drugs and pointed out the difficulty of proper identification of these drugs Dr Onodera (Japan) read an interesting paper on the Physiological Action of Ions and suggested an entirely new aspect of their action

Rabies

DECEMBER 8TH 2 TO 4 P M

A paper on Rabies and Antirabic Treatment was read by Lt Col Cunningham (B India) in which the author described the differences in resistance of different strains of rabies virus both street and fixed to the action of ether

SECTION VI

Veterinary

DECEMBER 7TH 10 A M TO 1 P M

Chairman—Col V J Williams R V C (B India)

Rapporteur—Mr F Ware I V S (Madras B India)

The papers read included two on Bovine Tuberculosis in India by Mr. Edwards and Dr Soparkar of the Imperial Institute of Veterinary Research, Muktesar which were much appreciated

2 TO 4 P M

Chairman—Dr N Nakamura (Japan)

Rapporteur—Mr F Ware (Madras B India)

In the afternoon amongst several interesting papers was one by Dr Miyamoto (Formosa) on Urocytis Haemorrhagica of Native Cattle

DECEMBER 8TH, 10 A M TO 1 P M

Chairman—Mr J T Edwards (U P, B India)

Rapporteur—Mr F Ware (Madras, B India)

The section resumed its sittings on Thursday morning to hear two papers by Mr Edwards on the Recent Advances which have been made at Muktesar in the Study of Rinderpest

In closing the meetings of this section the President referred to the small number of veterinarians who had attended to hear some very interesting papers a remark with which all those present readily agreed

TOURS HELD IN CONNECTION WITH SEVENTH CONGRESS, FAR EASTERN ASSOCIATION OF TROPICAL MEDICINE.

December 11th to December 24th, 1927.

The tours originally organized in connection with the 7th Congress were a Northern Tour, a Southern Tour and a tour through the province of Bihar and Orissa. The tour through Bihar and Orissa had to be cancelled at the last moment due to want of support on the part of the members.

Northern Tour.

To Benares, Lucknow, Delhi, Agra, Sanchi, Bombay and back to Calcutta with Sub tours to Lahore and Kasauli and back to Delhi.

DECEMBER 11TH

A party of 57 delegates and their wives left Calcutta at 3.24 P.M. by special train on Sunday December 11th.

DECEMBER 12TH

Benares was reached at 6 A.M. The delegates were met by the Collector of Benares deputations from the Benares municipality and University and members of the Local Committee. They were first taken down the river to view the bathing and burning ghats and then visited the Golden Temple and other sights in the city. The remainder of the morning was spent at the Water Works where an Exhibition of Arts and Crafts and Sanitary Exhibits were inspected. They then attended a lunch given in their honour by the citizens of Benares. After lunch a visit was first paid to the Hindu University where the delegates were met by the Vice Chancellor Pandit Madan Mohan Malavya and then to Sarnath of Buddhist fame.

DECEMBER 13TH

The tour left Benares in the evening and reached Lucknow early next morning.

The party was met by the Commissioner and Deputy Commissioner of Lucknow together with members of the Local Committee and deputations of the Lucknow municipality and University representatives of whom welcomed the delegates with speeches befitting the occasion.

After breakfast the whole party under the escort of the Deputy Commissioner visited Dilkusha Wingfield Park, the Sikandar Bagh, the Chattr Manzil Residency, Bara Imambara Hussainabad, the Water Works and Kausar Bagh. The Science Section of the Canning College and the Medical College were visited after lunch. Later in the afternoon the delegates were

half

peet

t and

party

REPORT OF THE COMMITTEE ON BERI-BERI OF THE PHILIPPINE ISLANDS

I INTRODUCTION

The Committee on Beri-Beri of the Philippines, consisting of the following members, has been appointed by the Government of the Philippines to study the problem of beri-beri in the islands. The Committee is composed of the following: Dr. Fernando Calderon, Dr. Luis Guerooro, Dr. Laborio Gomez, Dr. Jose Fabella, Mr. A. H. Wells, Dr. Isidro Concepcion, Dr. Jose Albert and Professor F. G. Santos members and Dr. L. Lopez Rizal, Chairman.

The Committee was appointed on October 18, 1926, and held 8 meetings up to the present time for the discussions of the different aspects of the problem.

The Committee is composed of the following —Dr. Fernando Calderon, Col. Edward B. Veddar, Major A. Parker Hitchens, Dr. Luis Guerooro, Dr. Laborio Gomez, Dr. Jose Fabella, Mr. A. H. Wells, Dr. Isidro Concepcion, Dr. Jose Albert and Professor F. G. Santos members and Dr. L. Lopez Rizal, Chairman.

II PRESENT SITUATION OF BERI-BERI IN THE ISLANDS

No change has been noted in the situation of beri-beri in the islands since

Mortality from beri-beri in the Philippines

Year	Manila	Provinces*	Total
1910	1 441	4 123	5 560
1911	1 331	4 367	5 698
1912	1 050	4 372	5 423
1913	606	3 194	3 590
1914	838	4 10...	4 940
1915	872	4 330	5 203
1916	694	5 674	6,568
1917	490	7 463	7,953
1918	731	11 866	12 597
1919	405	11 931	12 337
1920	555	12 481	13 036
1921	705	15,311	16 016
1922	648	10,241	16 889
1923	695	17 437	18 115
1924	600	19 331	18 931
1925	697	17 944	18,631
1926	626	18 678	19 294

* Including deaths registered in Manila among non residents.

ysis of the facts, that might have contributed to this phenomenon, failed to show any other important factor than that errors may have possibly been made in the diagnosis, knowing that the death certificates and the diagnosis, of causes of death stated therein, are usually prepared by laymen

Judging from the death returns, beri beri is the third in the list of the more important causes of death in the Philippines, and contributes to our general mortality in about 8 per cent of the total mortality. Ninety one per cent of the total deaths from beri beri occurs as infantile beri beri (deaths among infants under one year)

There are annually an average of 16 500 deaths, in round numbers, ascribed to infantile beri beri which represents 28 10 per cent of the total deaths under one year of age, and 43 24 per thousand births

Beri beri prevails during the months of October, November, December and January

The disease is widely distributed in the following provinces a great variation in the range of mortality to the mortality statistics compiled Cavite Nueva Ecija Bataan, Rizal, Laguna, Batangas, Tarlac, Bulacan, and the Islands of Mindoro and Marinduque contribute with the highest rates of mortality (from 20 to 51 per 10,000 population)

III RICE

It is still generally admitted that where rice forms the staple of diet beri beri prevails

At the last meeting (Tokio 1925) of the Far Eastern Association of Tropical Medicine resolutions were approved to the effect that the Governments concerned should encourage research towards developing a practical test to distinguish rice, that may cause or prevent beri beri and that facts be collected which may be used in classifying rice in its different stages in the process of milling. The Committee is fortunate in having amongst its members Colonel Edward B Vedder, Chairman of the United States Army Medical Research Board in the Philippines well known for his previous works and investigations on beri beri in the islands who has willingly undertaken the task of performing the investigation of this aspect of the problem. After about two years work, he submitted a lengthy report, of which, for the sake of brevity, only parts will be quoted throughout this report

Importation and production of rice in the Philippines—From tables prepared by the previous Bureau of the amount of rice below shows in kilograms the amount of importation and production of rice —

Importation and production of rice in the Philippines

Year	Total rice in kilograms	Total rice produced	Total rice imported	Percentage
1910	734 373 039	537 046 819	197 3 6 2 ⁰	26 37
1911	768 306 581	584 631 8 ³	183 6 1 7 ⁰⁸	23 91
1912	630 046 764	330 999 488	301 057 276	47 63
1913	784 639 153	697 649 594	86 989 535	11 03
1914	744 393 683	647 472 186	96 9 1 497	13 0 ⁰
1915	725 85 541	507 413 996	218 441 543	30 09
1916	784 206 803	594 431 7 ⁷⁶	190 835 577	24 21
1917	949 507 7 ⁷¹	602 59 ⁰ 007	146 935 715	15 48
1918	1 003 0 ⁰ 0 635	1 019 3 9 1 ⁴	183 731 531	15 27
1919	1 012 812 736	861 003 078	50 818 7 ⁰ 8	5 02
1920	1 116 731 7 ⁹²	1 040 397 3 ⁰	77 334 35 ⁷	6 86
1921	1 256 176 2 ²⁴	1 197 6 8 60 ⁷	58 517 717	4 66
1922	1,2 9 37 709	1 930 942 841	42 991 868	3 31
1923	1 339 9 ⁹ 903	1 977 843 806	66 449 039	5 36
1924	1 720 333 803	1 500 7 5 100	1 1 10 ⁴ 793	8 78
1925	1 874 500 9 ³	1 723 311 006	101 198 917	5 53
1926	1 874 099 814	1 803 615 894	0 483 9 ⁰ 0	3 7 ⁷

Our production of rice is steadily increasing. Notwithstanding this fact the importation which ought to have decreased had during the last three years relatively increased in proportion to the production. However comparison of beri beri mortality and increased rice importation does not show any noticeable correlation.

Varieties of rice and rice mills—In the investigations performed by the previous committee the correlation of the different varieties of rice and presence of modern rice mills in each particular locality has been studied. The conclusion arrived at from the studies made was that no correlation exists between the number and presence of rice mills in the locality and that no significant correlation is there between the different varieties of rice and between beri beri mortality taken from the death returns. If any correlation was noted it was due to the degree of polishing the proportion of P_2O_5 content the degree of unpolishing etc rather than the difference in variety.

Standardisation of rice—This part of the work of the Committee has been totally undertaken by the member of the Committee, Colonel Vedder, with the co-operation of Mr N T Feliciano, chemist of the Bureau of Science.

In the Philippines for a good proportion of rice a 5 per cent P_2O_5 content may probably be regarded as a fair standard for rice. The above was

a statement copied from the report of the previous Committee on Beri beri. It is realized that the standard, as it was found, if it has any significance, is only local and perhaps not applicable to other countries. It is further known to all the difficulties of applying this standard as it is not always dependable due to the practice of some rice dealers in the Philippines to mix rice polishing with the sample submitted for examination, thus increasing to some extent the P_2O_5 content.

Degree of unpolish content in rice, and taken as an index of
 (by microscopic method) determined the degree of unpolishing (the method described in previous report)

after
 with
 lities
 was

recommended that the investigations on the standardization of rice be continued.

Fortunately for the present committee, at the time of its creation Colonel Vedder of his own accord as Chairman of the U. A. Army Medical Research Board had already started to work on this aspect of the problem, the results of which were made available for the preparation of this report.

Two hundred different samples of rice grown in different localities and of all degrees of milling were subjected to a series of studies by, 1st, determining the percentage of the external layer of the grain still adhering to them (degree of polishing) 2nd, examining them chemically, and 3rd, determining their beri beri producing potentialities by actual feeding to pigeons.

To determine the percentage of the external layer left in the grain, instead of using the microscopic method employed by the last Committee, Gram's iodine staining method was used. One significant fact noted from the results obtained is that out of 200 samples 7 showed 0 per cent of pericarp remaining and these were among the choice and over milled rices from Pampanga, (3) Nueva Ecija (1) and Hongkong (3) glutinous which is not commonly used.

Percentage of pericarp remaining	Number of samples
0	7
0--> per cent	3
6--10	90
11--15	9
16--20	9
"1--25	7
26--30	5
31--35	4
36--40	5
41--45	5
46--50	6
51--55	2

Percentage of pericarp remaining	Number of samples
56-60 per cent.	3
61-65 "	2
66-70 "	4
71-75 "	7
76-80 "	13
81-85 "	11
86-90 "	40
91-95 "	22
96-100 "	11

except for cakes, sweetmeats, etc., and that when native rices are found pounded or under milled, a large proportion of them contain not less than 75 per cent of pericarp remaining. These results will be further discussed in connection with their relation to beri beri. It should be taken into consideration that the method cannot be taken as an exact measure of the remaining pericarp for rices having less than 50 per cent of their external layers. An error of at least 10 per cent should be taken into account. However, for rices with the external layer practically intact and for those completely deprived of it, more accurate results are obtained.

Chemical analysis—Chemical analysis of the total 200 samples were made for the determination of moisture, fat, P_2O_5 ash, nitrogen and amino nitrogen.

All results were calculated on the original weight of the rice, rather than the dry weight, because this is the method in general use in determining the P_2O_5 content of rices submitted for routine analysis, since rice is not sold or consumed by dry weight. However, the percentages by dry weight were calculated from the original percentages.

results, whether calculations were made on original weight, or dry weight.

Feeding experiments—To determine the beri beri producing potentiality of the different varieties of rices under various degrees of milling, feeding experiments in pigeons were performed (about 900 pigeons were used). Pigeons were selected for feeding, because they are even more susceptible to polyneuritis than fowls and are readily handled. Four pigeons were fed upon each sample of rice, allowing them all that they would eat. No other food was given, except water, which is provided abundantly in each cage. The pigeons were observed every day and the date of the first symptoms of polyneuritis, as well as other subsequent paralysis, are carefully noted down and recorded. When the birds were on the point of death, they were treated by administering small amounts of rice polishings (tiki tiki) or an extract of the same. Prompt recovery almost invariably followed, which thus confirmed the previous diagnosis of polyneuritis. When death occurred in cases of doubtful cases.

or for other reasons the experiments on that rice were repeated with a new group of birds

Beri beri producing factor — Colonel Vedder has worked out a coefficient which he called factors were the disease

and the rapidity of development of the disease the percentage of the former to total number of pigeons used in the experiment divided by the average number of days elapsing from the time the rice was first fed until the first symptoms of polyneuritis appeared will represent the coefficient thus the higher the percentage of the birds that develop polyneuritis and the shorter the depletion period the greater the coefficient will be

The first symptoms of polyneuritis occasionally appeared as early as fifteen days after feeding In cases that none of the birds developed the disease after 100 days of feeding it was presumed that the rice afforded sufficient protection and the experiment was discontinued Since the pigeons are more susceptible to polyneuritis than men it may reasonably be claimed that any rice that protects pigeons for 100 days will prevent the appearance of beri beri in man even when used as an exclusive diet which is seldom the case

Results of investigation and staining of remaining pericarp — Out of the 200 samples of rice examined 115 or 57.50 per cent of the total showed a percentage of over 50 remaining pericarp while 85 or 42.50 per cent showed 50 or less than 50 per cent per carp remaining In comparing these percentages obtained with the beri beri produced and the beri beri factor it is shown that no rice having 50 per cent or more pericarp remaining produced polyneuritis in pigeons at the same time it may be noted that 17 other samples having less than 50 per cent external layers of the grain protected against the disease as follows 1 sample of rice out of 15 having only 10 per cent 5 rices out of 17 having 20 per cent 2 rices out of 5 having 25 per cent 3 rices out of 5 having 30 per cent 2 rices out of 5 having 35 per cent 2 rices out of 4 having 40 per cent 2 rices out of 4 having 45 per cent 2 rices out of 4 having 50 per cent 2 rices out of 4 having 55 per cent 2 rices out of 4 having 60 per cent 2 rices out of 4 having 65 per cent 2 rices out of 4 having 70 per cent 2 rices out of 4 having 75 per cent 2 rices out of 4 having 80 per cent 2 rices out of 4 having 85 per cent 2 rices out of 4 having 90 per cent 2 rices out of 4 having 95 per cent 2 rices out of 4 having 98 per cent 2 rices out of 4 having 100 per cent

to show whether
percentage of peri-
carp or P O₂

On the other hand experiments performed seemed to suggest the possibility that all the vitamin content is not always exclusively contained in the external layers of the rice and that the most highly milled contain traces of vitamin because of the fact that pigeons fed on a synthetic diet composed of corn starch 90 per cent egg albumen 8 per cent salt mixture 1 per cent and cod liver oil 1 per cent developed polyneuritis much faster than when fed on the most highly milled rice

Only under milled rice was used in the diet of the Philippine Scouts since 1910 followed by the complete disappearance of beri beri from the sick list among them Seven samples used in this series of 200 examinations were secured from rices furnished the Philippine Scouts Out of these 7 samples only one had as low as 88 per cent pericarp and the remaining 6 samples ranged from 92.98 per cent The remarkable success in the prevention of beri beri among the scouts was undoubtedly due to the method used in selecting rice for their diet The method is therefore to be recommended as the best

0.61	1	0.8	0.03	-1
0	1	83	94	-3
69	1	0.50	-3	-4
0	-1	1-3	0	65
0.74	-	3	0	1
1-1		84	1.00	-1
0	8-1	0.60	-1	1.0
0	-4	1-1	1.0	3
0.91	-1	0.91	1.0	3
			1.04	4

As an index the η_{sh} is therefore less acceptable than the percentage of

only 3 showed 100 per cent of ash or over while 7 or 70 per cent gave ash percentage ranging from 0.67 to 0.9. Notwithstanding this fact all the samples proved to be beri-beri preventing rices. The relation between the beri-beri factor and the percentage of ash is given in the following Table -

Table showing the relation between beriberi factor and percentage of ash

Percentage of Ash	TEN PER CENT										Total
	0	0.01-0.05	0.05-0.1	0.1-0.5	0.5-1	1-1.5	1.5-2	2-2.5	2.5-3	3-3.5	
0	4	1	0	0	0	0	0	0	0	1	6
0.4	0	0	0	0	0	0	0	0	0	0	0
0.4-0.8	5	1	5	3	0	0	3	1	1	1	3
0.8-1.2	42	4	1	1	0	0	1	1	0	0	54
1.2-1.6	57	1	1	0	0	0	0	0	0	0	93
1.6-2.0	3	0	0	0	0	0	0	0	0	0	37
2.0-2.4	0	0	0	0	0	0	0	0	0	0	0
TOTAL	144	1	1	13	13	0	0	1	1	3	408

Phosphorous pentoxide—The P_2O_5 standard is better than the ash but is not nearly as good as the fat standard. Out of 200 samples examined for P_2O_5 content, 21, or 10.5 per cent, was found to contain lower than the old 0.45 proposed standard for beri beri preventing rice and 179 or 89.5 per cent had the limit (0.45) or more. In comparing these findings with the results of feeding experiments, it was found out that the old standard 0.4 per cent is too low to be safe. Pigeons fed on rices having a minimum of, 0.62 per cent of P_2O_5 did not develop polyneuritis.

A total of 99 samples of rice were found to have at least 0.62 per cent P_2O_5 and afforded complete protection. At the same time there were 45 others that, coming below this minimum, afforded just the same protection. On the other hand, other rices having similar or relatively higher percentage of P_2O_5 than the old standard did not protect from polyneuritis as shown in the following Table:—

Samples of rice producing polyneuritis in pigeons

Percentage of P_2O_5	0.4—0.49	0.50—0.59	0.60—61
Number of samples*	43	27	2

It must not be forgotten that these experiments were made on pigeons, which are more susceptible to polyneuritis than man. It is probable, that, certain rices with high P_2O_5 percentage, that have not protected pigeons, would have protected man. It is a fact, however, that none of these rices contained 50 per cent of the external layers of the grain. To show the relation between beri-beri and the percentage of P_2O_5 , the following Table has been prepared:—

Table showing the relation between beri beri factor and percentage of P_2O_5

P_2O_5 per cent	BERI BERI FACTOR.										TOTAL
	0	0.01—0.10	0.11—0.20	0.21—0.30	0.31—0.40	0.41—0.50	0.51—0.60	0.61—0.70	0.71—0.80	0.81—0.90	
0.20—0.40	1	..	1	1	4	..	3	3	3	3	16
0.41—0.60	43	6	6	11	9	5	3	..	..	..	83
0.61—0.80	73	..	..	1	..	..	..	..	..	..	74
0.81—1.00	25	..	..	..	..	..	..	..	..	..	25
1.01—1.20	..	..	..	..	..	..	..	..	..	..	..
1.21—1.40	..	..	..	..	..	..	..	..	..	..	..
1.41—1.60	1	..	..	..	..	..	..	..	..	..	1
1.61—1.80	1	..	..	..	..	..	..	..	..	..	1
TOTAL	143	6	7	13	13	5	6	3	3	200	

Results of examination of fat in rice—The results of examination of fat in 200 samples chemically examined showed a wide variation the figures ranging from 0.22 to 2.86 as maximum. Pigeons fed on rices having at least 1.28 per cent of fat did not develop polyneuritis. Out of the total samples (200) examined 84 or 42 per cent of the rices gave 1.28 or more percentage of fat, and all (116) afforded protection. The total pigeons that did not develop beri beri, however, is 144. There, are, therefore, 28 more samples, that although having less than 1.28 per cent of fat did likewise afford protection. It is a fact however that percentage of fat (1.28) taken as standard, would constitute a better index than the ash or P_2O_5 , but practically less dependable than the per cent of pericarp remaining. The relation between the percentages of fat and the beri beri factor is shown in the following Table—

Table showing the relation between beri-beri factor and percentage of Fat

Percentage of Fat	BERI-BERI FACTOR										TOTAL
	0	0.01-0.50	0.51-1.00	1.01-1.50	1.51-2.00	2.01-2.50	2.51-3.00	3.01-3.50	3.51-4.00	3.51-4.00	
0-0.24					1						1
0.25-0.49					2	1	3	1	2	9	
0.50-0.74			2	5	2	3		2	1	15	
0.75-0.99	3	2	3	7	6	1	3			25	
1.00-1.24	19	4	1	1	2					27	
1.25-1.49	32		1							33	
1.50-1.74	27									27	
1.75-1.99	29									29	
2.00-2.24	18									18	
2.25-2.49	12									12	
2.50-2.74	2									2	
2.75-2.99	2									2	
TOTAL	144	6	7	13	13	5	6	3	3	200	

Phosphorous pentoxide—The P_2O_5 standard is better than the ash but is not nearly as good as the fat standard. Out of 200 samples examined for P_2O_5 content, 21, or 10.5 per cent, was found to contain lower than the old 0.45 proposed standard for beri beri preventing rice and 179 or 89.5 per cent had the limit (0.45) or more. In comparing these findings with the results of feeding experiments, it was found out that the old standard 0.4 per cent is too low to be safe. Pigeons fed on rices having a minimum of, 0.62 per cent of P_2O_5 did not develop polyneuritis.

A total of 99 samples of rice were found to have at least 0.62 per cent P_2O_5 and afforded complete protection. At the same time there were 45 others that, coming below this minimum, afforded just the same protection. On the other hand, other rices having similar or relatively higher percentage of P_2O_5 than the old standard did not protect from polyneuritis as shown in the following Table.—

Samples of rice producing polyneuritis in pigeons.

Percentage of P_2O_5	0.4—0.49	0.50—0.59	0.60—61
Number of samples	43	27	2

It must not be forgotten that these experiments were made on pigeons, which are more susceptible to polyneuritis than man. It is probable, that, certain rices with high P_2O_5 percentage, that have not protected pigeons, would have protected man. It is a fact, however, that none of these rices contained 50 per cent of the external layers of the grain. To show the relation between beri beri and the percentage of P_2O_5 the following Table has been prepared—

Table showing the relation between beri-beri factor and percentage of P_2O_5

P_2O_5 per cent	BERI-BERI FACTOR										TOTAL
	0	0—1	1—2	2—3	3—4	4—5	5—6	6—7	7—8	8—9	
0.20—0.40	1	..	1	1	4	..	3	3	3	3	16
0.41—0.60	43	6	6	11	9	5	3	..	..	..	83
0.61—0.80	73	..	..	1	..	..	..	..	..	..	74
0.81—1.00	25	..	..	..	..	..	..	..	..	..	25
1.01—1.20	..	..	..	..	..	..	..	..	..	..	..
1.21—1.40	..	..	..	..	..	..	..	..	..	..	..
1.41—1.60	1	..	..	..	..	..	..	..	..	..	1
1.61—1.80	1	..	..	..	..	..	..	..	..	..	1
TOTAL	144	6	7	13	13	5	6	3	3	200	

Results of examination of fat in rice—The results of examination of fat in 200 samples chemically examined, showed a wide variation the figures ranging from 0.22 to 2.86 as maximum. Pigeons fed on rices having at least 1.28 per cent of fat did not develop polyneuritis. Out of the total samples (200) examined 84 or 42 per cent of the rices gave 1.28 or more percentage of fat, and all (116) afforded protection. The total pigeons that did not develop beri beri, however, is 144. There, are, therefore, 28 more samples, that although having less than 1.28 per cent of fat did likewise afford protection. It is a fact however, that percentage of fat (1.28) taken as standard, would constitute a better index than the ash or P_2O_5 , but practically less dependable than the per cent of pericarp remaining. The relation between the percentages of fat and the beri beri factor is shown in the following Table—

Table showing the relation between beri-beri factor and percentage of Fat

Percentage of Fat	BERI-BERI FACTOR										TOTAL
	0	0-1	0-2	0-3	0-4	0-5	0-6	0-7	0-8	0-9	
0-0.24						1					1
0.25-0.49					2	1	3	1	2	9	
0.50-0.74			2	5	2	3		2	1	15	
0.75-0.99	3	2	3	7	6	1	3			26	
1.00-1.24	19	4	1	1	2					27	
1.25-1.49	32		1							33	
1.50-1.74	27									27	
1.75-1.99	29									29	
2.00-2.24	18									18	
2.25-2.49	12									12	
2.50-2.74	2									2	
2.75-2.99	2									2	
TOTAL	144	6	7	13	13	5	6	3	3	200	

Table showing the values of the percentages of the different chemical components of rice as a beri beri preventing index

Factors considered	Minimum standard found in percentage or total	No of samples of protecting rice excluded	REMARKS
Ash	1.05	59	
P_2O_5	0.62	45	Better than the ash but is not as good as the fat
P_2O_5 + Ash	1.70	43	Better than the previous ones
P_2O_5 + Fat	1.77	14	Better than fat alone
P_2O_5 + Ash + Fat	2.70	13	Better than the previous ones
2 Fat + P_2O_5	3.07	17	Less than P_2O_5 + Fat but better than P_2O_5 + Ash
2 Fat + Ash + P_2O_5	3.94	13	Not as good as the P_2O_5 + Ash + Fat

In an effort to look for a more dependable and satisfactory standard that would exclude all rices or at least the great majority of them that may produce beri beri it was tried to find out whether the summations of ash and P_2O_5 factors together of P_2O_5 and fat together, and of fat, ash and P_2O_5 and then 2 fat plus P_2O_5 of fat plus P_2O_5 plus ash would make a more satisfactory standard. The results of those trials showed, that, the total of fat, ash and P_2O_5 while it may be considered a better standard than all the rest, it excludes also beri beri protecting rices.

A resume of the values of the percentages of each one of these chemical compositions, as a beri beri preventing index, is shown together in the following Table —

Table showing the values of the percentages of the different chemical component of rice as a beri beri preventing index.

Factors considered	Minimum standard found in percentage or total	No of samples of protecting rice excluded	REMARKS
Ash	1.05	53	
P_2O_5	0.62	45	Better than the ash but not as good as fat.
Fat	1.28	28	Better than the previous ones
P_2O_5 + Ash	1.70	43	Slightly better than P_2O_5 alone
P_2O_5 + Fat	1.77	14	Better than fat alone
P_2O_5 + Ash + Fat	2.70	13	Better than the previous ones
2 Fat + P_2O_5	3.07	17	Less than P_2O_5 + Fat but better than P_2O_5 + Ash
2 Fat + Ash + P_2O_5	3.94	13	Not as good as the P_2O_5 + Ash + Fat

In coming to the selection of the best index for the standardization of rice, several factors should be considered, viz., simplicity in the procedure, easiness in determination, time employed in its determination, practicability of its application and other minor things to suit every particular locality and condition. But as a general index, the Committee may suggest the following recommended by Col. Vedder thus: *Any rice having 1.77 per cent of P_2O_5 plus fat but not less than 0.4 per cent P_2O_5 or any rice not having less than 0.6 per cent or any rice not having less than 0.5 per cent P_2O_5 and with at least 7.5 per cent remaining external layers*—One hundred and twenty-nine rices containing not less than 1.77 per cent of the totals of these constituents afforded complete protection. Out of this total, only one contained as little as 0.4 per cent of P_2O_5 . It is to be observed that only nine out of all the samples that afforded protection to pigeons are excluded when the above requirements are possessed. There is, therefore no possibility of excluding, from the practicability view point, a large proportion of rice for having less than the required P_2O_5 percentage or other constituent.

Classification of rice in its different stages in the process of milling—To formulate a more definite understanding in the designation and naming of the different degrees of milling of rice, the determination of the remaining pericarp by inspection and iodine staining is suggested as the most practical

these having 21-49 per cent, medium milled rice and from 50-100 per cent under milled rice.

Effects of preparation of rice for food on the vitamin content—The different procedures used in different countries in the preparation of rice for food may

as porridge rice, while others cook it with only enough water to cook and dry. The Filipino way of preparing and cooking rice is in detail as follows (1)

times until the washing is almost clear (ii) add enough water to level of about 3 or 4 centimeters above the surface of the rice and (viii) put on the fire to cook.

Taking into consideration that the anti neuritic vitamin is freely soluble in water, it may be presumed that rice treated in this way would readily lose part of its beri beri preventing power. Experiments performed, by the previous Committee, on the P_2O_5 content of washed and unwashed rice, showed a reduction of this constituent after washing, the average difference in the ten samples examined being 0.25 per cent less in washed as compared with the unwashed. The practice of rubbing the rice against the inner sides of the

pot is the common way of cooking rice in the Philippines, instead of the mere washing alone in the experiments, will undoubtedly remove a good portion of the external layers, and consequently reduce to a greater portion the percentage of P_2O_5 content of the rice grains

The local method of preparing and cooking rice should always be taken into account as a factor of relative importance when we come to consider the local beri beri incidence

The index suggested for the standardization of rice provides a considerable margin of safety

Transportation and storage—Transportation of rice does not offer any problem in connection with the prevalence of beri beri, except perhaps as regards the bags used in the transportation. Paddy rice (*pa'ay*) does not alter much whether packed in old or new, clean or dirty bags, but milled rice needs to be packed for transportation in clean and insects free bags to protect the same from every deterioration. Rice, during transportation especially in long voyages should be protected against moisture. Fortunately in the Philippines, inter island communications are not commonly long enough to affect much the quality and keeping property of milled rice

On the other hand, storage presents certain aspects which should be given consideration, administratively speaking. Paddy rice is usually stored not longer than nine months in the Philippines, while rice after milling rarely remains longer than three months before it goes to the consumer. As a matter of fact paddy rice under normal circumstances when in properly ventilated and water proof storehouses does not usually deteriorate after many months or even years. There are different kinds of rice (*palay*) which deteriorate easily within a short time (*garigan* and others) but these varieties are raised in very insignificant quantities and only in certain localities of the Islands

as if stored in damp and poorly dirty old bags or insect conta
ion depends, however, on the kind of rice and on the degree of polishing and whitening to which it has been subjected in the milling process as well. In the last Report of the Beri beri Committee, the rapidity of deterioration has been the subject of detailed
the latter can be

The deterioration found consisted in the loss of the rice polishings, the destruction of the germs and the kernel and the subsequent reduction of P_2O_5 content. The most important factors found contributing to the deterioration of rice while stored were (a) the polishing itself, due to its hygroscopic property, (b) the mites, (c) rice weevil and rice beetle

While trying to find out the most suitable standard for beri beri preventing rice, the following experiment was performed—Ten kilos of each sample of rice were purchased. The rice was kept in tightly covered tin cans in a dry store room, each can being labelled with the serial number of the rice. As

experience promptly showed that weevils, moth and other mites develop in
lasted.

Whether the long storage and deterioration suffered from affects or not the potentiality of beri beri preventing rice needs further studies and investigations. Instances are there that prove that long stored under milled rice, although musty and unfit for human consumption, still prevented the development of polyneuritis on fowls, when fed as an exclusive diet. In a special series of experiments, performed by Col. Vedder, twenty deteriorated and heavily infected samples of rice were selected, analysed and fed on pigeons. The results were that none of them proved to be beri beri preventing rice. It should be noted that 7 out of the 30 samples contained originally 1.77% total of P.O. *plus* fat, which in accordance with the previous experiments should have prevented polyneuritis.

Several methods have been suggested to prevent the deterioration of rice caused by insects. The use of carbon tetrachloride, of heat, as it is being widely used in the United States, and of chloroform proved to be effective.

IV. DIAGNOSIS OF BEBI BEBI

Several times, in the course of the studies that have been made by the various Commissions, from the correctness of the mortality

seldom seen in Manila (City), and the same condition might be occurring in the provinces. By a resolution of the present Beri beri Committee, it was decided that a clinician be appointed to conduct an investigation on the diagnosis of beri beri in the provinces. Dr Agerice B M Sison was appointed and given the following instructions —In order to have a more dependable

tion of the diagnosis will be made on (a) cases of beri beri found in the dispensaries and puericulture centres, both adults and infants (b) deaths from beri beri as stated in the death returns, both adults and infants, (c) verify the errors in diagnosis separately in both cases (d) make a separate survey to see actually whether or not the disease is really increasing

The provinces of Nueva Ecija, Cavite and Bataan which appeared to morbidity from beri beri, besides Manila. Another physician Dr E Salud of the helped Dr Sloan in this investigation which was started in March 24 in Manila and lasted until May 31 in the province of Bataan.

The towns of San Jose, Mafios, Ahaga and Talavera were visited in Nueva Ecija, the municipalities of Rozario Mendez, Alfonso, Baile, Kawit, Noveleta, Imus and Tanza were investigated in Cavite and in the province of Bataan the work done in the province of Balaiga, Pilar and Orani. In the selection of these municipalities, the high morbidity and mortality from the disease and the facilities of communication were taken into account.

RESULTS

(a) *Manila*—Twenty seven cases were all the cases investigated in Manila during the short period of time available. Out of this total, 23 were among adults and four cases among infants. Twenty four of this total were confirmed, giving an error of 11.1 per cent in diagnosis. Out of seven deaths supposed to be due to infantile beri beri five were confirmed with an error of 28.58 per cent. It must be said that all the seven cases of infantile

investigations

(b) *Nueva Ecija*—A total of 201 living cases and 18 dead of beri-beri were investigated. Out of 201 living cases, 189 were among adults and 12 infants of which 140 cases in adults and 10 in the infants were confirmed, giving a total error of diagnosis in 25.37 per cent or 25.93 per cent and 16.67 per cent of error for adults and infants respectively. Out of 18 deaths supposed to have been caused by beri beri in this province, all among infants 15 were confirmed, giving a correct diagnosis in 88.33 per cent and an error of 16.67 per cent.

(c) *Cavite*—Eight municipalities have been visited in this province. A total of 184 living cases and 35 deaths diagnosed as beri beri have been investigated. Among the living cases only four infants, while among dead cases 23 were infants. The errors of diagnosis found were 16.8 per cent in living cases and 56 per cent in dead cases. All cases among infants were confirmed in 100 per cent while infants whose deaths were attributed to beri beri, 52.12 per cent of the diagnosis were found incorrect.

(d) *Bataan*—Very few cases and deaths from beri beri were investigated in this province due to the short period of time available. There were in total 17 living cases and 22 deaths investigated. The errors found were 6 per cent in living cases and 45.5 in dead cases. No living case was found among infants while out of the total 22 deaths diagnosed as beri beri, giving

an error of 45.5 per cent in diagnosis. A résumé of the findings and errors is given in the following Table —

Errors found in the diagnosis of beri beri

	Manila			Nueva Ecija			Cavite			Bataan		
	N visited	N beri beri Comf. rd	Per cent error	N visited	Number Comf. rd	Percent error	No.ber in investigated	Number Comf. rd	Per cent error	No.ber in investigated	N beri beri Comf. rd	Percent error
Living Adults	23	2	44.9	189	140	2.93	180	149	17.22	17	16	6.00
Living Infants	4	2	50.00	12	10	16.67	4	4	0	0	0	0
Living Total	27	24	11.2	201	150	25.37	184	153	16.8	17	16	6.00
Dead Adults	0	0	0	0	0	0	2	0	100	0	0	0
Dead Infants	7	5	29.6	18	1	16.6	21	11	52.37	22	12	53.46
Dead Total	7	5	29.6	18	15	16.67	23	11	56.00	32	12	45.45

T

N.C.

I

P. C. %

I. I. I. I.

But the wide variation of errors found does not give the gauge of these errors, nor can the Committee formulate an acceptable standard for the same that can be applied to our death returns and obtain a corrected death from beri beri. It is to be considered further that the number of cases investigated in each province were scarce the provinces visited very few that it is not believed they constitute a representative number enough to draw conclusions therefrom. One fact however had become known to the Committee and this was that in actual living cases personally seen by health officers in the

death certificates in the provinces are prepared by laymen and the diagnosis stated therein have had to be based on the history of the disease and few data given by the informant who in the majority of the cases being a mere family friend or neighbour might have not even seen the case.

Another thing that the Committee cannot but over emphasize is the fact that no matter how great the error found was in the diagnosis of beri beri in the death returns the importance of the beri beri problem in the Philippines is a health problem cannot be minimized nor underestimated. 40.63 per cent was the error found in diagnosis of fatal cases in the three provinces. If applied to our mortality figures in the provinces for the last few years they would show that beri beri in the provinces has as was stated been increasing. The following Tables of mortality from beri beri in the provinces from 1910 to 1917 uncorrected and from

1918 to 1926 inclusive corrected on the basis of 40.63 per cent error is given for information

Years	Unorrected	Years	Corrected
1910	4 123	1918	7,045
1911	4 367	1919	7 114
1912	4 3 " "	1920	410
1913	3 194	19 1	9 09
1914	4 10 "	19 2	9 64
1915	4 336	19 3	10,341
1916	5 8 4	19 4	10 883
1917	7 463	19 5	10 653
		19 6	11 088

V COMMON DIET OF FILIPINO LABORING CLASS

The Filipino laboring class is the group of the population mostly affected by beri beri. The investigation of the last Committee showed that 89.18 per cent of the cases of beri beri occurred among the poor class of the population. Our laboring class has very meagre earnings and therefore they cannot be expected to get a varied and more balanced diet. If we admit that beri beri is a vitamin deficiency disease as it is the general consensus of opinion it has to be admitted or at least it should be expected that beri beri must be a prevailing disease among our people of the poor class taking into consideration their poor salary and that rice is the staple diet. The estimate of the daily cost of living in various provincial capitals according to data obtained from the Bureau of Labor give the following amount for food for the different years —

Daily cost of food

Years	1910	1918	1920	19 5.
A single labourer	P 0.43	P 0.65	P 0.84	P 0.71
A family with two adults and three minors	P 0.66	P 1.91	P 1.4 "	P 1.25

The daily cost of food for a family of two adults and three minors in various localities in the Philippines was also given by the Bureau of Labor as follows

San Jose Ant que	P 1.04	Iloilo Iloilo	P 1.48
Legazpi Albay	P 1.58	Lacag II Norte	P 0.97
Cebu Cebu	P 1.9	S Fernando Union	P 1.0
Davao Davao	P 1.50	Average	P 1.25

It would be worth mentioning also that the wage earners population in the Philippines is estimated (Bureau of Labor) at 2,857,401 which is about 25 per cent of the total population. The facts would show that beri beri is only a disease of the poor and that the wage earners population is too big

In the investigation of 600 families with a history of beri beri among their members it was found out by the last Committee that the number of staples of diet besides rice which were most commonly consumed may be reduced to seven varieties. It was also found out that the common diet of families

f the anti
more com
In spite
insufficient
amount of each variety of food ingested and consequently an insufficient
vitamin for the requirements of the metabolism or are there other factors
the members
estions made
l that further
studies and investigations be performed

Taking advantage of the investigations to be performed in various provinces for the verification of diagnosis Professor F C Santes offered himself to work and study for the Committee in this respect. Professor Santes visited three provinces Nueva Ecija Cavite and Bataan and with the co operation of one assistant made quantitative and qualitative studies of the common diet of beri beri families as compared with that of non beri beri families. Unfortunately not having finished his experiments on the different varieties of food he had not been able to submit his report in time to be included here. However Professor Santes has apparently come to the conclusion that the diet of the beri beri families although composed of different varieties rich in

beri beri due to their individual likings of vitamin deficient foods. As soon as the report of Professor Santes is submitted the same will be published as an appendix to this report

VI EDUCATIONAL CAMPAIGN CONFERENCES LECTURES PAMPHLETS

ippine Health Service through its medical officers is co operating with this work. The work performed in this respect during the last year was as follows —

- (a) Publication of some hints on beri beri prevention and aetiology in the daily papers
- (b) Cinematographic projections on the prevention and causes of beri beri (translated in different local dialects)
- (c) Conferences on the same subjects given to the teachers in Baguio

- (d) Conferences on the same subject in the towns and barrios by Presidents of Sanitary Divisions and District Health Officers as part of their duties
- (e) Publication of a pamphlet on the aetiology, symptoms and prevention of beri beri. This pamphlet is being translated into different dialects

VII TIKI TIKI PRODUCTION

The tiki tiki production in the Islands has not increased during the last few years. Tiki tiki extract is the only product known by the people to cure beri beri, and it is the most commonly used. The Beri beri Committee has again recommended the purchase of enough material and machineries to increase production for free distribution.

VIII SUMMARY

1 Beri beri is a prevailing disease in the Philippines. It is decreasing in Manila, but slightly increasing in the Provinces.

2 The importation of rice has relatively increased during the last three years although our local production has also increased.

3 Correlation exists between the local production of rice and the incidence of beri beri.

4 Beri beri prevails during the months of October, November, December and January.

5 Beri beri is widely distributed in the islands, although there is a wide variation in the rates of mortality.

6 The proportion of the external layers remaining on a given rice may be determined with reasonable accuracy by inspection after staining with Gram's iodine solution.

7 Rices examined by inspection method, after staining having 50 per cent or more of the external layer, do not produce polyneuritis when fed to pigeons.

8 Selection of rice by using the minimum 50 per cent external layers remaining as standard, through staining and inspection method, may prevent beri beri.

9 This method may be used for the classification and naming of the different stages of rice during the process of milling.

10 Amido nitrogen is useless as a chemical index, 1.05 per cent ash is a poor index, 0.62 per cent P_2O_5 content is better, and 1.28 per cent fat is a much better index.

11 Rice having 1.77 per cent P_2O_5 plus fat but not less than 0.4 per cent P_2O_5 content, and rices having not less than 0.62 per cent P_2O_5 , or rice having 1.28 per cent fat and with the least 75 per cent of the external These rices excluded

12 Rice becomes deteriorated while stored and the causes of deterioration are mainly dampness and insects

13 Under milled rice deteriorates earlier and more rapidly than the over-milled rice

14 The different trial methods of preparing rice for food affects the P_2O_5 and presumably the vitamin content

15 Errors in diagnosis of beri beri in the city and the Provinces, not only in living cases but also in fatal cases were found. There is wide variation in the errors found in different localities

16 No matter how great the error found was, there is no doubt that the problem of beri beri is of capital importance in the islands

17 Our labouring and poor classes are the most affected by beri beri

18 The average daily cost of food for a family of two adults and three minors is P 1.25. The amount is considered too small to permit an abundant food.

19 The diet of beri beri families as found by the investigation, although varied, seems to be inadequate in amount

IX RECOMMENDATIONS

1 Eighty per cent remaining external layers of the grain of rice, determined by staining and inspection method, may be recommended as standard for the selection of rices for institutions and armies. This is not recommended as a legal standard

2 Rices with 0-20 per cent of the external layers should be called *highly-milled rice*. Those having 21-49 per cent *medium milled rice* and those having 50-100 per cent *under milled rice*. In the determination of the percentages of remaining external layers the Gram iodine staining and inspection method should be used

3 The production of highly milled rice should be discouraged

4 Any rice having 1.77 per cent of P_2O_5 plus fat, but not less than 0.4 per cent P_2O_5 , or any rice not having less than 0.62 per cent P_2O_5 , or any rice having not less than 0.50 per cent P_2O_5 and with the least 75 per cent of the external layers of the grain remaining is suggested as the tentative chemical index

5 The production of vitamin containing home vegetables should be encouraged

6 A wide campaign of education for the spread of knowledge about beri beri prevention should be continued

LIST OF MEMBERS OF THE FAR EASTERN ASSOCIATION OF
TROPICAL MEDICINE, 1927.

AUSTRALIA

Taylor, Dr Frank, H.	.	Australian Institute of Tropical Medicine Box No 430, Townsville
Baldwin, Dr A H	.	Australian Institute of Tropical Medicine Townsville, N Queensland
Clarke, Dr P S	.	Cairns N Queensland
Dick, Dr J A	.	B V Association N S Wales, 30 Elizabeth Street, Sydney
Duhuy, Dr J V	.	Director Brisbane and District Laboratory Hospital for sick children Brisbane
Foxton, Dr H V	.	Pres Br Medical Association
Lilley, Dr A B	.	Australian Institute of Tropical Medicine Townsville, N Queensland
Morris, Dr E S	.	Acting Director General of Public Health, Macquarie Street, Sydney
Chief Health Officer	.	Public Health Department, 295, Queen Street, Melbourne
Pearce, Dr Th Russell	.	Australian Institute of Tropical Medicine Townsville (New Queensland)
Pattison Dr C M		Aboriginal Settlement, Palm Islands, via Townsville
Richards, Dr E A	.	Commonwealth Health Laboratory, Lismore, New South Wales
Strong Dr W M		Chief Medical Officer Port Moresby
Bainbridge, Dr J P		Registrar University of Melbourne (Victoria)

AUSTRIA HUNGARY

Joachimovits, Dr Robert	Austria Wien 6, Hakringerstr, 129
-------------------------	-----------------------------------

BRITISH INDIA

Delhi

Graham Colonel J D	.	Public Health Commissioner with the Government of India, Delhi Simla
Thorburn, Lt Col H Hay		Viceroy's Surgeon, Delhi
Young, Dr Ruth	.	Lady Chelmsford League, Old Imperial Sectt, Delhi

BRITISH INDIA—*contd**Delhi*—*contd*

Scott Dr A C	Chief Medical Officer Women's Medical Service Delhi
Shroff Dr S P	Chandni Chowk Delhi
Bazir Captain Mool Singh	Egerton Road Delhi
Fleming Lt Col J K S	Deputy Director General Indian Medical Service Delhi Simla
Symons Major General T H	Director General Indian Medical Service, Delhi Simla
Richardson Group Captain A V J	P M O Royal Air Force in India Delhi
Munson Colonel C C	10 The Mall New Cantonment Delhi
Sethna Dr K S	Medical Officer of Health Delhi
Munro Lt Col A Campbell	Assistant Director General Indian Medical Service Delhi Simla
Chatterjee Dr L S	Lady Hardinge College New Delhi
Pilley Dr Evelyn	Lady Hardinge College New Delhi
Sharma Dr Brij Mohan	Tibbi College Hospital Delhi

Andaman Islands

Manickam Rao Saheb Dr C I	Port Blair
Pillai Dr T R Govindaswami	Port Blair
Karumbayaram Jemadar T B	Port Blair
Hennessy Major J M R	Port Blair
Haddo Dr V N Denskar	Port Blair

Bihar and Orissa

Hassan Dr Syed	General Hospital Patna
Lee Lt Col R H	Civil Surgeon Hazaribagh Chotanagpur
Dhunjibhoy Captain J E	Superintendent I M H Kanke P O Ranchi
Ghosh Dr Surapati	Begusarai
Gupta Mr D N	Arrah
Das R B Dr P N	Civil Surgeon Puri
Mozoomdar Dr B P	Assistant Director of Public Health North Bihar Circle Muzaffarpur
Hill Lt Col Owen A R Berkeley	Kanke P O Ranchi

BRITISH INDIA—*contd**Bihar and Orissa—*contd**

Masson Lt Col J	I G Civil Hospitals Bihar and Orissa Patna
Modi Major L S	Central Jail Buxar
John Dr P P	C M O Patna State Balangir P O via Sambalpur
Huq Dr Mohamad Hesamul	Aurangabad District Gaya
Sebastien Dr T	Assistant Director of Public Health P O Namkum
Banerjee Dr C V	Superintendent Vaccine Department Namkum
Sinha Dr Sadhu	District Health Officer Bhagalpur
Pal Dr U N	Siwan District Saran
Pal Dr Kali Das	Civil Surgeon Sambalpur
Phillips Lt Col J A S	Director of Public Health Bihar and Orissa Patna
Das Dr Jahar Lal	Public Health Department Bihar and Orissa Patna
Bagchi Dr J C	Seraikela Victoria Hospital Seraikela via Suri
Sen Dr Sudhir Kumar	Darbhanga Medical School Laheriasera Darbhanga
Bhakta Dr Munshi Lal	P O Bidhupur District Muzaffarpur
Mitra Dr N C	Lines Tank Road Ranchi
Sen Dr Sukes Lobhon	King Edward Dispensary Banipada State Mayurbhanj
Wardman Dr (Miss) Marie	Mission to Lepers Purulia
Rountree Major H K	Radium Institute Ranchi
Webb Dr E R	S P G Mission Ranchi
Bose Major A V	Prince of Wales Medical College Patna
John Major J C	Civil Surgeon Cuttack
Howlett Major C G	Civil Surgeon, Cuttack
Cook Dr Lewis	Civil Surgeon Bhagalpur
Bagchi R S Dr K N	P O Bankipur Patna
Mitra Major S L	Assistant Director of Public Health Patna
Willmore Col W S	I G Civil Hospitals Bihar and Orissa Patna
Misra Dr Kulamoni	Helminthological Enquiry Katari Road Gaya

BRITISH INDIA—contd

Bihar and Orissa—concl

Patna The Duchess of Teek Hospital	P O Gulzarbagh Patna District
Unger Major O R	Hazaribagh
Palit Major A N	Civil Surgeon Sarai, Chapra
Basu Dr S C	Puri Pilgrims Hospital Puri
Ally Dr L K	Narayanpur Dispensary Narayanpur
Cochrane Dr Robt G	Purulia
Daswas Dr Satya Kinkar	Kirkendi P O Iusunda Jharia Coal Fields Manbhumi
Korke Dr V T	Helminthological Enquiry Gaya
Quinlan Dr D	Director of Civil Veterinary Department, Bihar and Orissa
Das Captain Krishna Kamal	Helminthological Enquiry Katari Road, Gaya
Ally Dr S R	P O Bihpur
Prasad Dr Sudheswari	Habibpur P O Sohsarai
Landeman Dr F	Leper Asylum Puruba
Dutton Lt Col H R.	Prince of Wales Medical College Patna
Ross Lt Col W C	Director of Public Health Bihar and Orissa Patna
Livesey Dr S M	Laheriaserai
Macphail Dr Ronald M	Bamdar via Simultala E I R
Menezes Dr L de	Lady Elgin Hospital Gaya
Kitchen Dr James	Tessi via Giridih E I Ry
Moynihan Dr Adra	
Dastidar Dr S K Ghosh	Prince of Wales Medical College Patna
Varma Dr S P	Prince of Wales Medical College Patna
Dalejpa Dr K	Darbhanga Medical School Laheriaserai
Sinha Dr M P	Patna General Hospital Patna
Poj P S Dr Prothas Chandra	Gulzarbagh Patna
Ahmed K B Dr Wahl	Bankipur Patna
Mukherjee Dr A K	Civil Surgeon Puri
Lal Dr Ram Prasad	Dinapur Cantonment Dinapur
Rashid Dr S A	Khagul Hospital P O Khagul

Central Provinces

Kukday Col K V	I G Civil Hospitals Central Provinces, Nagpur
----------------	---

Central Provinces—contd

Singh Dr Kalwant	Cantonment General Hospital Kamptee
Felt Dr F R	M E Mission Jubbulpore
Das Dr Upendra Mohan	P O Ramakona District Chhindwara
Oxley Lt Col J C S	Civil Surgeon Jibbulpore
Sanyal Dr Sukumar	Civil Surgeon Seoni
Joshi Dr Purshottam Sukharam	Chaurai Dispensary Post Chaurai
Richardson Joseph Murray	Civil Surgeon Narsinghpur
Phatak Dr Vamankondo	Medico Surgical Hall Chhindwara
Mukerjee Dr Panchanan	Drug
Bobde Dr Mahadeo Balkrishna	Tumsar
Varkherkar Dr Purshottam	Wun
Gupta Dr Bapurao Bhaskar	Post Pandharkoura
Azeem M Abdul	P O Anjangaon
Datta Dr Ram Dayal	Mulrai Dispensary District Betul
Tiwari Dr Tulsiprasad	P O Pendra
Mukerji Dr Subodh Chandra	Civil Surgeon Betul
Powell Lt Col W J	Nagpur
Chandorkar Dr B R	Nagpur
Hameed Mr Syed Abdul	Raigarh State
Jatar Major V Shriram	Superintendent Civil Jail Nagpur
Esch Dr C D	Dhamtari
Bauman Dr Harvey R	Champa District Bilaspur
Walker Col. J Norman	I G Civil Hospitals Central Provinces Nagpur
Verma Dr Satchitanand	Branch Dispensary Birdpur
Lutz Dr Elizabeth Jane	Tubercular Sanatorium Pendra Road District Bilaspur
Bhalerao Dr K D	Raipur
Bharucha Dr N H	Mayo Hospital Nagpur
Bodey Dr D R	Robertson College Jubbulpore
Das Dr Bhagwan	Civil Surgeon Khandwa
Swami Dr B Krishna	P O D gras District Yeotmal
Khare Dr N B J	Craddock Town Nagpur
Little Major C J H	District Headquarters Mhow
Mohan Captain G V Ram	Jubbulpore
Scott Dr C V	Canadian Mission Hospital Rutlam.

BRITISH INDIA—*contd**Central Provinces—concl'd*

Dube Dr B R	Medical School Nagpur
Pyper Major J C	No 5 Saugor
Roy Dr S C	Medical School Nagpur
Hamilton Browne Dr E	Lady Hardinge Hospital Akola
Webb Lt Col H G Stiles	Director of Public Health Central Provinces Nagpur
Rambo Dr Victor G	Mungeh Area Christian Hospital and Dispensaries Bilaspur
Stirling Major R F	Nagpur
Mackellar Dr M	Neemuch Central India
Maclean Dr Jean Robertson	Chhindwara
Macadam Dr (Miss) N R	Dufferin Hospital Nagpur
Nicholson Dr Hofe H	Jackson Memorial Hospital Bilaspur
Crozier Dr Jeanie	Disciples of Christ Mission Harda
Nerurkar Dr K G	Medical School Nagpur
Demonte Dr (Miss)	Dufferin Hospital Nagpur
Karani Dr (Miss) J L	Opposite Juma Tank Nagpur
Sen Dr Lohit Mohan	Health Officer Nagpur
Mangrulkar Dr Yadao Balwant	Secretary at Nagpur
Barretto Dr C	Kamptee Road Nagpur
Pathak Dr V M	Craddock Town Nagpur
Gittins Dr Robert J	Friends Mission Hospital Itarsi

North West Frontier Province

Brierley Lt Col C I	C M O N W F P Peshawar
Diamond Captain W E R	Assistant Director of Public Health N W F P Peshawar
Din Captain M Fazlud	Agency Surgeon Jandula
Harvey Captain A E D	Superintendent District Jail Peshawar
Sahib Dr Khan	Fazal Huq Street Peshawar City
Ram Mr Pars	Frontier Constabulary Hospital Hangu District Kohat
Din Mr Muhammad	F C Hospital Shabkadar District Peshawar
Khan Dr Sardar	Civil Dispensary Shankar Garh Peshawar
Kapur Dr Asa Nand	Hangu District Kohat
Umar Dr Sayyid Mohammad	S W Scouts Hospital Sarawaka

BRITISH INDIA—*contd**North West Frontier Province—concl'd*

Combined Indian Military Hos pital	Landikotal
Hanif Dr Muhammad	South Waziristan Hospital Jandola
Latif Dr Muhammad Abdul	Scouts Hospital Sararogha
Shafi Dr Mohammad	South Waziristan Hospital Jandola
Chaudhury Jamadar Faiz Mohammad Khan	South Waziristan Hospital Jandola
Deas Lt Col L J M	Residency Surgeon and C M O Baluchis tan
Mohanji Dr B R	Hoti
Loganadan Captain A D	A D M S's Office Kohat
Chowdry Lieut P	Indian Military Hospital Quetta
Kapadia Major R N	Combined Indian Military Hospital Kohat
Spencer Major J Heatly	Quetta
Gupta Captain S D	Indian Military Hospital Nowshera
Godding Major H C	R A M C Mess Peshawar
Bramsen Dr (Miss) A	Zenana Hospital Mardan
Kochhar Captain J R	Combined Indian Military Hospital Bannu

Ajmer Merwara State

Mukerjee Dr B B	Ladnun P O Marwar
Jhirad Dr S J	Bungaw No 279 Beawar Road Ajmer
Watson Lt Col J W	C M O Rajputana Ajmer
Narain Dr Suraj	Victoria Hospital Ajmer
Bhai Dr Chhotu	Victoria Hospital Ajmer
Narain Dr uraj	Victoria Hospital Ajmer
Mathur Dr M P	Victoria Hospital Ajmer
Charan Dr Shi	Ramsar Ajmer Merwara
Mathur Dr Chhagan Behari Lal	Masuda
Hassen Dr S Khurshid	Government Dispensary Todgarh
Mehta Dr Sampatmall	Sajat Dispensary Marwar
Airania Dr Dwarka Prasad	Government Reserve Victoria Hospital Ajmer
Webster Captain W J	I M H Baroda Camp
Chandrachud Dr R B	C M O Baroda State Baroda
Panuit Capt N V	Sanitary Commissioner Baroda State, Baroda

BRITISH INDIA—*contd**Benares State*

Chaudhri Captain S K C M O, Benares State, Ramnagar.

Bhaonagar State

Motivala, Dr Phirozshaw B C M O, Bhaonagar State, Bhaonagar

Bikaner State

Bandorwalla Dr N J P M O, Bikaner State, Bikaner

Cochin State

Joseph Mr P J Pudukad

Cooch Behar State

Chakravarti Dr D Civil Surgeon Cooch Behar

Dhar State

Sharma, Dr Purushottam State Surgeon Dhar State

Gwalior State

Phatak, Major V M C M O and Sanitary Commissioner, Gwalior State Gwalior

Saha Dr B J A Hospital Lashkar

Gokhale Captain V G S M O Jya Arogya Hospital Gwalior

Nehru Dr Kishanlal Sanitary Commissioner Gwalior State, Gwalior

Antia Dr S S The Mall Morel Gwalior

Nadkarni, Major W G Gwalior

Holkar State

Prasad R B Dr Surju	Inlore
Kalele Dr R W	Kannod Holkar State
Tare Dr K G	Rampura
Keshkar, Dr M R	Narayangarha
Solanki Dr T P	Mehidpur Dispensary, Mehidpur
Bhade Dr Y K	Tarana
Bhandari Dr R M	Garoth
Mivasorkar, Dr S N	Health Officer, Municipality, Indore City

BRITISH INDIA—*contd**Hyderabad State.*

Coorlawala Dr R N	Superintendent Osmania Hospital Hyderabad Deccan
Puranik, Dr R V	The Osmanshahi Mills Ltd P O Nanded
Shaw, Dr Alice J	Victoria Zenana Hospital, Hyderabad Deccan
Wagray, Captain K N	Residency Road, Hyderabad Deccan.
Inamulla Dr Khaja	Staff Hospital H H H the Nizam's R F Saifabad, Hyderabad
Moinuddin Major Khaja	Medical and Sanitation Department, Hyderabad, Deccan
Surti Dr S B	Hyderabad, Deccan
Hardikar, Dr S W	Hyderabad Deccan.
Wats, Captain R C	Brigade Laboratory, Secunderabad
Clarke Captain G D	Hyderabad, Deccan
Kerr, Dr Isabel	Leprosy Hospital Dichpalli

Jaipur State

Maheshwari Dr Jwala Prasad	Mayo Hospital, Jaipur
Beg Dr Mirza Ashraf	Dispensary, Jhunjhunu
Khanka, R B Dr Daljang Singh	Raj D spensary, Jaipur

Jashpur State

Hazra Dr Mohini Mohan	• C M O, Jashpur State, via Ranchi
-----------------------	------------------------------------

Jodhpur State

Hance Major J B	P M O Raj Marwar, Jodhpur
Msthur Dr J N Kanchand	Central Jail, Jodhpur
Mehta Dr Sheonath Chand	Mati Chok, Jodhpur
Gurtu Dr Niranjan Nath	Health Officer Jodhpur
Tandan Dr Ram Behari	Ladnun Jodhpur

Kashmere and Jammu State

Hugo, Lt Col J H	Director of Medical Service, Kashmir and Jammu.
------------------	---

Kathiawar State

Tyrrell, Lt Col J R J	Agency Surgeon Rajkot
-----------------------	-----------------------

BRITISH INDIA--*contd**Mysore State*

Fooks Lt Col G E	Upton Bangalore
de Brazer Dr Benjamin Jasper	Iolation Hospital C and M Station Bangalore
Norris Dr Roland V	Indian Institute of Science Bangalore
Sweet Dr W C	C o Senior Surgeon in Mysore Bangalore
Christian Medical Association of India	Chikka Ballapura
Princepal Medical College	University of Mysore Bangalore
McPherson Lt Col James	H gh Ground Bangalore
Rao Dr S Subba	Victor a Hospital Bangalore
Karve Dr J V	Deputy Sanitary Commissioner Mysore.
U mon Dr B M	Mysore State Mysore
Robinson Dr J Fletcher	Krishnarajendra Hospital Mysore
Neal Dr Margaret	Zenana Mission Hospital Bangalore
Isavaramurti Dr J A	Superintendent Vaccine Institute Bangalore

Palanpur State

Hajare Dr S S	C M O The Good fellow Hospital Palanpur State Palanpur
---------------	---

Patiala State

Fox Major C J	Patiala
Wince Dr W G	C M O Patiala State Patiala
Singh Dr Gursaran	Dhak Bazar Patiala

Patna State

Jena Dr Samuel	Bolangi P O
----------------	-------------

Poonch State

Mathur R S Dr Ram Gopal	C M O Poonch Stat. Poonch
-------------------------	---------------------------

Rajputana

Kipp Dr (Miss) Cora I	Tilaunia via Kishangarh P O
Fernstrom Dr (Miss) Helena J	Mari Wilson T B C Sanatorium Tilaunia, via Kishangarh
Hume Dr R M	B B and C I Railway Bandikui Raj- putana

BRITISH INDIA—*contd**Jashpur State*

Vyas Dr Bhairandas	Nagaur Dispensary	Nagaur
Puri Dr Hansraj	Gulabpura P O	
Purohit Dr B H	Dispensary Luni Junction	
Afridi Captun M K	Brigade Laboratory Nasirabad	
Mathew Dr Helen	Tilaunia via Kishangarh	
Shukla Dr R R	State Hospital Shahpura State Shahpura	

Sarangarh State

Sen Gupta Dr A C	C M O	Sarangarh State	Sarangarh
------------------	-------	-----------------	-----------

Savantvadi State

Maheta Dr V D	C M O	Savantvadi State	Savantvadi
Haldankar Dr R M		Savantvadi State	Savantvadi

Travancore State

Tampi Dr K Raman	Travancore State	Trivandrum
Somervell Dr T H		Veyoor Travancore State

Assam

Leitch Dr J N	Assam Co Ltd	Moran P O
Craighead Capt A C	Pasteur Institute	Shillong
Shortt Major H E	Kala azar Commission	Gauhati
Roberts Dr Hugh Gordon	The Khasi Hills Welsh Mission Hospital	Shillong
Morison Lt Col J	Pasteur and Medical Research Institutes,	Shillong
Crozier Dr G G Reverend	Kangpokpi Imphal Manipur	
Vardon Dr I C	Pasteur Institute Shillong	
Jameson Dr E T	Barjuli P O Assam	
Spreadbury Dr H J H	Monachera P O Cachar	
Murphy Dr R Anthony	Luskerpore Tea Estate Chandpur Bagan	
Batra Major H L	P O S Sylhet	
Sen Major J L	Civil Surgeon Jorhat	
Iunes Lt Col H	Silchar Cachar	
Dass Dr S P	Gauhati	
Ahmed, Maulvi Akhtar	Sylhet	
	Mongoldai	

BRITISH INDIA—*contd.**Assam—contd.*

Ramsay Dr G C	Labac Central Hospital, Dewan P O., Kachar
Crunden, Dr E G	Dhubri
Pal Dr Sarada Charan	Srimangal Dispensary, Srimangal P O
Roy, Dr Sitansu Mohan	Khumtai Dispensary
Dam, Dr N	Vaccine Depôt, Shillong.
Williams, Dr David Phillip	Doom Doma P O
Roberts, Dr C L D	Mariposa, Mariani
Bhattacharjee Dr Sudhiranjan	P O Dalgoma Goalpara
Lahun, Dr Upendra Nath	Tezpur
Hutcheson, Col G	I G Civil Hospitals, Shillong
Blinkworth, Dr K W. . . .	Civil Surgeon, Garo Hills
Murison Lt Col T D	Director of Public Health, Shillong
Sikdar Dr Jatindra Mohan	P O Tezpur, District Darrang
Ghose, Dr Pran Krishna	P O Haltugaon, Goalpara
Purkyastha, Dr Satish Chandra	Tahirpur K A District
Purkyastha Dr Ashutosh Dey	Mahendraganj Dispensary
Gupta Dr Nalini Kanta Sen	Nowgong
Sarkar Dr Monmohan	Sadar Dispensary, Tezpur
Klaber, Dr Robert	Golaghat P O
Lushai, Dr Pika	Demagiri P O, South Lushai Hills
Mullins Captain C	Civil Surgeon Naga Hills
Das R S Dr. Ganges Chandra	Imphal P O, Manipur State
Das Dr Pramode Chandra	Pasteur and Medical Research Institutes, Shillong
Karmokar, Dr D D	P O Dhekiajuli Charitable Dispensary Darrang
Baruah Dr Hem Chandra	Kala azar Hospital, Tura Garo Hills
Sarma Dr Bhaba Nath	Kala azar Hospital Tura, Garo Hills
De, Dr Ram Chandra	Kala azar Dispensary P O Nazira Sibsagar
Rohman, Dr Mohamed Khalilur	Dainadubi Dispensary District Goalpara
Karmokar, Dr Nagendra Chandra	P O Nazira District Sibsagar
Bhoral Dr Deveswar	Charingia Kala azar Hospital, P O Ganakpukhuri
Bordoloi, Dr Moheswar	Sealkuchi K A Dispensary Moheswar Bandhabi Sualkuchi
Smith, Dr R O A	Kala azar Commission, Gauhati.

BRITISH INDIA--*contd**Assam--contd*

Guha Dr P K	Assam Rifles Hospital and Jail Ajil I ushai Hills
Rohman Dr S M H	Kala azar Survey Duty Camp Khowang
Deb Dr At il Chandra	Kachugaon Dispensary Golpara
Shilla Dr Domiwell	P O Imphal Manipore State
Kokoti Dr Ramprasad	Piphawa P W D Dispensary Naga Hills P O Diwapur
Mazumdar Dr Surendra Chandra	P O Lakhipur Cachar
Thuama Dr	P O Sialsuk District Lushai Hills
McIver Major Colin	C/o Messrs Grindlay & Co 54 Parliament Street London S W 1
Das Gupta Dr Joges Chandra	Khetri P O Kamrup
Purkyastha Dr Surendra Chandra	Kalakathkan P O Sachna
Mazumdar Dr Abani Kumar	Amsoi Kala azar Dispensary P O Dharamtul Nowgong
Palmer Lt Col F J	Binnakandy P O Silchar Cachar
Mukherjee Dr Bharat Das	P O Konghokpi Manipur State
Ao Dr Kazakaba	Wakching Dispensary P O Kongon
Bhattacharjee Dr Gopi Raman	Deoparah Kala azar Dispensary P O Lugaon District Sylhet
Datta Dr Upendra Chandra	Jail and Police Hospital P O Tezpur
Das Dr Jagat Jiban	Chhatah Dispensary P O Chhatah Dis trict Sylhet
Sarma Dr Amar Chandra	Kala azar Dispensary P O Patharia
Biswas Dr B mode Behari	Kala azar Hospital P O Gouripur Dis trict Goalpara
Nandy Dr Kumud Chandra	Bijni Dispensary P O Bijni District Goalpara
Gupta Captain Priyahar	Assistant Director of Public Health Assam Sylhet
Basu Dr Mohendra Nath	Bha ga D spensary P O Bhauga Bazaar District Sylhet
Livingstone Dr David	C/o Civil Surgeon Tura P O Garo Hills
Bose Dr Narendra Nath	Kala azar Dispensary P O Dharamtul Nowgong
Chakravarty Dr Mohananda	Char table Dispensary P O Galpur Dis trict Darrang
Das Dr Jogendra Narayan	Civil Hospital Ajil Lushai Hills

BRITISH INDIA—*contd**Assam—contd*

Sen Gupta Dr	Birendra Nath	Nowgong
Das Gupta Dr	Mukteswar	P O Bagmara
Meek Dr	Donald	Kumbhur P O Cachar
Das Dr	Rajani Mohan	P O Hailakandi Cachar
Ojha Dr	Aditya Ram	Kochugaon Forest Dispensary Goalpara-
Gupta Dr	Satish Chandra	Dhubri (Goalpara)
Ahmed Munshi Faru uddin		Tinsukia
Ghose Dr	Shyama Charan	P O Tengakhat District Lakhimpur
Majumdar Dr	Giriya Kumar	C/o Civil Surgeon Jorhat
Chowdhury Dr	Surendra Nath	Mokokchung
Chaudhury Dr	Jogendra Mohan	Dudnai Kala azar Dispensary P O Dawsh District Goalpara
Dey Dr	Nepal Chandra	Nowgong
Bhattacharya Dr	Ajodhyanath	Beth Kandi Kala azar Hospital P O Mandarkandi District Sylhet
Bhuyan Dr	Dambarudhar	Darrang
Majumdar Dr	Surendra Nath	P O Abbayapuri District Goalpara
Chaudhuri Dr	M Islam	Kamrup Gauhati
Biswas Dr	Khagendra Nath	B W Medical School Khaligarh P O Dibrugarh
Chaudhury Dr	Kashirode Chandra	P O Krishna District Goalpara
Chaudhury Dr	Binode Behari	Sootea Dispensary P O Sootea Darrang District
McCoy Lt Col	J W	Sylhet
Sen Gupta Dr	Profulla Kumar	Civil Hospital P O Kohima (Naga Hills)
Hazorika Dr	D	P O Kohima Naga District
Black Dr	John	P O Inil South Sylhet
Berthe Dr	H C	Seleng P O Seleng Hat
Guney Dr	Sheikh Abdul	Kuturi Kala azar Dispensary P O Jakhla Banda Nowgong
Loudon Dr	John	Panerhat P O Assam
Graham Lt Col	David	
L Wingstone		Dibrugarh
Smith Dr	Hugh S	Kalighat P O South Sylhet
Gifford Dr	Martha J	A B M Women's Hospital Gauhati
Chatterjee Dr	Anukul Chandra	Bijni Raj C W Estate P O Abbayapuri
Basu Dr	K P	Civil Surgeon Sadiya Frontier Tract P O Sadiya

BRITISH INDIA—*contd*Assam—*contd*

Sen, Dr Amarendra Kumar	Chamata, P O Belsor, District Kamrup
Roy, Dr Suresh Chandra	Jorhat
Kundu, Dr Sarat Sasi	Provincial Public Health Laboratory, Shillong
Das Dr L R	P O Misa, District Nowgong
Gupta, Dr Rasik Chandra	Manu Kala azar Dispensary, P O Hazipur, District Sylhet
Dutta, Dr Devaprasad	Nowgong
De Dr Sura Chandra	Kala azar Dispensary, P O Rangul District Goalpara
Chaudhury, Dr Upendra Nath	Rupsi P O, Goalpara District
Choudhury, Dr Abdul Momin	Jorhat, Upper Assam
Sarma Dr Ruchi Narayan	Sepakhati Kala-azar Centre, Jorhat
Gupta Dr Surendra Nath Sen	Kala azar Dispensary, Khagra, P O Chikuagoal, Sylhet
Hazle, Dr W A	Lungleh Sub division, Assam
Lyngdoh Captain H	Nowgong
Dutt Dr Surendra Chandra	Jorhat
James Lt Col J F	Red Hill, Shillong
Terrell, Dr Charles G	Chandkhira P O, Sylhet
Laloo Dr S Riang Khroe	C/o Civil Surgeon, Garo Hills Tura
Das Dr Ramani Kanta	Dibrugarh Outdoor Dispensary
Dunlop, Dr John	Dullabcherra P O, Sylhet
Ghosh Dr Jamini Nath	Gauhati, Kamrup
Ahlquist Dr J A	Jorhat
Sen Dr Ramtaran	Habiganj, Sylhet
Ah, Dr M Mahammad	Samaguri, Nowgong
McLaren, Dr Donald James	Moojrijan
Sen, Dr B C	Sipajhar Dispensary, Mangaldoi, Darrang
Seal, Dr H C	Parajigudam, Nowgong
Marak, Dr Stephenson R	Tura, Garo Hills
Desamukhya, Dr Basistha Kumar	Charnarchar, Sylhet
Dey, Dr Labanya Mohan	Charali Kala azar Department, Charali, Darrang
Das Dr Umesh Chandra	Borjoha Dispensary, Bibijia, Nowgong
Bhattacharjee, Dr R K .	Singimari Kala azar Dispensary, Kampur, Nowgong

BRITISH INDIA—contd

Assam—concl'd

Sinha, Dr Rajendra Chandra	Madhyanagar, Kala azar Dispensary,
Mech, Dr D R	Madhyanagar, Sylhet
Nandi, Dr Profulla Kumar	Kampur Charitable Dispensary, Kampur.
Sauminath, Mr C S	Sylhet
O'Connor, Dr Francis W	Kala azar Commission Camp, Gauhati.
Gupta, Dr P K Das	Panitola P O
Rice, Dr E Milford	Gauhati
Roy, Dr K K	Lungla, Sylhet.
d Silva, Dr H A H	Assam Medical Service, Dhubri
Sen, Dr Siroj Bandhu	Kala azar Commission, Gauhati
Sen, Dr Hiranya Kumar	Sadiya
Wright, Dr Allen G	B W School, Dibrugarh
Gloria, Dr Julius Septimus	Pyaliuli, Borjuli
Bailey, Dr J Riley	Pringhat
Dutta, Dr Rish Behary	Kampur, Naga Hills P O, Mahakelchung
	Jhanji Dispensary, P O, Jhanji, Distr. Sibsagar

Bengal

Connor, Lt Col Sir F P	2 Upper Wood Street, Calcutta
Proctor, Lt Col A H	Superintendent's House, General Hospital, Calcutta
Mukerjee, Dr S K	13 Kyd Street, Calcutta
Majumdar, Dr T N	11 Beliendre Road, Calcutta
Banerjee, Dr M N	P O Jessore
Galstaun, Dr S G	39 Theatre Road, Calcutta
Lloyd, Major R B	School of Tropical Medicine, Calcutta
Alum, Dr Mouli Nazir	Forbesburg Dispensary, Forbesburg
Hillington, Major H	Surgeon to H E the Governor of Bengal, Calcutta
Henderson, Dr J M	School of Tropical Medicine, Calcutta
Acton, Lt Col H W	School of Tropical Medicine, Calcutta
Megan, Lt Col J W D	Director, School of Tropical Medicine, Calcutta
Strickland, Dr C	School of Tropical Medicine, Calcutta
Stewart, Lt Col A D	School of Tropical Medicine, Calcutta
Housman, Dr E	22, Harrington Street, Calcutta

BRITISH INDIA—*contd**Assam—contd*

Sen Dr Amarendra Kumar	Chinmata P O Belsor District Kamrup
Roy Dr Suresh Chandra	Jorhat
Kundu Dr Sarat Sasi	Provincial Public Health Laboratory Shillong
Das Dr L R	P O Misa District Nowgong
Gupta Dr Basuk Chandra	<i>Manu Kala azar Dispensary, P O Hazipur</i> District Sylhet
Dutta Dr Devaprasad	Nowgong
De Dr Sura Chandra	Kala azar Dispensary P O Rangjul District Goalpara
Chaudhury Dr Upendra Nath	Rupsi P O Goalpara District
Choudhury Dr Abdul Mumith	Jorhat Upper Assam
Sarma Dr Ruchi Narayan	Sepakhati Kala-azar Centre Jorhat
Gupta Dr Surendra Nath Sen	Kala azar Dispensary Khagra P O Chikuagoal Sylhet
Hazle Dr W A	Lungleh Sub division Assam
Lyngdoh Captain H	Nowgong
Dutt Dr Surendra Chandra	Jorhat
James Lt Col J F	Red Hill Shillong
Terrell Dr Charles G	Chandkhira P O Sylhet
Laloo Dr S Riang Khroe	C/o Civil Surgeon Garo Hills Tura
Das Dr Ramanl Kanta	Dibrugarh Outdoor Dispensary
Dunlop Dr John	Dallabcherra P O Sylhet
Ghosh Dr Jamini Nath	Gauhati Kamrup
Ahlquist Dr J A	Jorhat
Sen Dr Ramtaran	Habiganj Sylhet
Ah Dr M Mohammad	Samaguri Nowgong
McLaren Dr Donald James	Moojrujan
Sen Dr B C	<i>Sipajhar Dispensary Mangaldoi Darrang</i>
Seal Dr H C	Puranigudam Nowgong
Marak Dr Stephenson R	Tura Garo Hills
Desamukhya Dr Basistha Kumar	Charnarchar Sylhet
Dey Dr Labanya Mohan	Charali Kala azar Department Charali, Darrang
Das Dr Umesh Chandra	Borjoha Dispensary Bibijia Nowgong
Bhattacharjee Dr R K	Singimari Kala azar Dispensary Kampur Nowgong

BRITISH INDIA—contd

Assam—concl'd

Sinha Dr Rajendra Chandra	Madhyanagar	Kalaazar	Dispensary,
Mech Dr D R	Madhyanagar	Sylhet	
Nandi Dr Profulla Kumar	Kampur Charitable Dispensary	Kampur.	
Swaminath Mr C S	Sylhet		
O'Connor Dr Francis W	Kalaazar Commission	Camp	Gauhati
Gupta Dr P K Das	Pamitola P O		
Rice Dr E Milford	Guwahati		
Poy Dr H A	Lungla Sylhet		
d Silva Dr H A H	Assam Medical Service, Dhubri		
Sen Dr Saroj Banlu	Kalaazar Commission Guwahati		
Sen Dr Hiranya Kumar	Sadiya		
Wright Dr Allen G	B W School Dilruvarh	O	
Gloria Dr Julius Septimus	Pjsajuh Borjub		
Bailey Dr J Riley	Faughat		
Dutta Dr Rish Behary	Tamjor Nagi Hills I O Makalchim		
	Jhanji Dispensary P O Jhanji Dist		
	Silsgarh		

Bengal

Connor Lt Col Sir F P	2 Upper Wool Street Calcutta
Proctor Lt Col T H	Suptintendent's House Central Hospital Calcutta
Mukerjee Dr S A	13 Hyd Street Calcutta
Majumdar Dr T A	11 B Kedare Road Calcutta
Banerjee Dr M A	P O Jissore
Galstaun Dr S G	39 Theatr Road Calcutta
Lloyd Major R B	School of Tropical Medicine Calcutta
Alum Dr Moid Nazir	Forbesburg Dispensary Forbesburg
Hingston Major H	Surgeon to H E th Governor of Bengal Calcutta
Henleson Dr J M	School of Tropical Medicine Calcutta
Acton Lt Col H W	School of Tropical Medicine Calcutta
Megaw Lt Col J W D	Director School of Tropical Medicine Calcutta
Strickland Dr C	School of Tropical Medicine Calcutta
Stewart Lt Col A D	School of Tropical Medicine Calcutta
Housman Dr E	22 Harrison Street, Calcutta

BRITISH INDIA—*contd**Bengal—contd*

Sladen, Dr J R A	.	C M O, E B Ry, 2, Belvedere Park, Alipore, Calcutta
Cameron, Dr A Douglas	.	43, Chowringhee Road, Calcutta
McVail, Dr J B	.	Port Health Officer, Calcutta
Knowles, Lt Col R	.	School of Tropical Medicine, Calcutta
<i>Das, Dr Kedarnath</i>	.	22, Bethune Row, Calcutta
Rushforth, Mrs F V	.	19, Harrington Mansions, Calcutta
Fetherstonhaugh, Dr W E	.	43, Chowringhee Road, Calcutta
Chatterjee, Lt Col K K.	.	6/1, Wood Street, Calcutta
Bentley, Dr C A	.	Director of Public Health Bengal, Calcutta
Aich, Dr J C	.	Ronaldshay Medical School, Burdwan
Ghosh, Dr B N	.	9, Taltola Lane, Calcutta
Goil, Lt Col D P	.	Civil Surgeon, Howrah
Muir, Dr E	.	School of Tropical Medicine, Calcutta
Brahmachari, Dr B B	.	Bengal Public Health Department, Writers' Buildings, Calcutta
Hamilton Lt Col W G	.	I G Prisons Writers' Buildings, Calcutta
Maitra, Dr J N	.	63 A Beadon Street Calcutta
Ukil Dr A C	.	6/1, Kankha Road, Ballygunge Calcutta
Stapleton Dr G	.	Dufferin Hospital, 1, Amherst Street, Calcutta
Coppinger, Lt Col W V	.	6 Little Russell Street, Calcutta
MacKelvie Lt Col M	.	P O Ramna Dacca
Khambata Dr R B	.	School of Tropical Med.cne, Calcutta
Anderson Dr I R	.	Mission Hospital, Kalna District Purdwan.
Maitra, Prof (Dr) D N	.	3, Beadon Street Calcutta
Sanyal Dr Tarapada	.	Jalpaiguri
Basu, Dr Charu Chandra	.	Carmichael Medical College, Belgachia, Calcutta
Bose, R. B Dr Chuni Lal	.	25 Mahendra Bose Lane, Calcutta
Bose, Dr Jyoti P	.	The Sanctuary, 41/1/1A, Bagbazar Street, Calcutta
Bose, Dr J N	.	24, Mahendra Bose Lane, Calcutta
Chatterjee, Dr Nolendra Nath	.	P O Domjur, District Howrah
<i>Das, Dr Khagendra Nath</i>	.	18, Raj Ballav Shah's Lane, Ramkrishnapur, District Howrah
Dutt, R S Dr Sital Chandra	.	Voluntary Veneral Hospital, Alipore, Calcutta

BRITISH INDIA—*contd**Bengal—contd*

Dutt Dr P K	676 Circular Road Khurut District Howrah
Mukherjee Dr Baman Das	132 Dhurrumtola Street Calcutta
Das Gupta Dr Satyendra Nath	Maluchi Dispensary P O Maluchi (Dacca)
Paul Dr Ashutosh	P O Chilmari Rungpore
Baptist Major A A E	School of Tropical Medicine Calcutta
Headwards Dr A	33 Theatre Road Calcutta
Roy Dr R C	161 Lower Circular Road Calcutta
Tomb Dr J W	Mines Board of Health Asansol
Brahmachari Dr Upendra Nath	82 3 Cornwallis Street Shambazar P O Calcutta
Leake Dr A M	C M O B N Ry Kidderpore Calcutta
Taylor Mr H A	39 Chawringhee Calcutta
Chatterjee Dr A P	120 Muktaram Babu Street Calcutta
Boyd Major T C	Medical College Calcutta
Mukherjee Dr Jogesh Chandra	Medical College Calcutta
Chopra Lt Col R N	School of Tropical Medicine Calcutta
Ghose Mr S N	3 Charnock Place Calcutta
Mukherjee Dr Harendranath	Biochemical Department Carmichael Medical College Belgachia Calcutta
Mookerjee Dr Bijaya Chandra	Sabir Cottage Dacca
Mazumdar Dr Sidheswar	Mitrapara Naihati P O 24 Perganas
Mukerjee Major S N	Civil Surgeon Chittagong
Bomford Major T L	Civil Surgeon Burdwan
Basu Dr Umaprasanna	32 1 Nayan Chand Dutta Street P O Beadon Street Calcutta
Nandi Dr Pramatha Nath	33 Beadon Street Calcutta
Gupta Dr Naliniranjan Sen	124 4 Manicktola Street Calcutta
Bhattacharjee Dr Shiva Pada	23 B Sulea Street Calcutta
Simpson Lt Col N S	9 Thackery Road Alipore Calcutta
Banerjee Dr Aswini Kumar	Barayati Dispensary P O Champafil Khulna
deFontaine Dr M B	C o Thomas Cook & Son Dalhousie Square Calcutta
Bardhan Capt P K.	93 B Royd Street Calcutta
Dey R S Dr Debakar	Veterinary College Belgachia Calcutta
Sen Dr Kali Mohan	Civil Surgeon Khulna
Rai Chowdhury Dr Palindra Kumar	Swastha Mandir Baruipur 24 Perganas

BRITISH INDIA—*contd**Bengal*—*contd*

Gupta, Dr Hari Charan	Muktagacha, District Mymensingh
Shaha Dr Brajaballav	45/A Shovabazar Street, Calcutta
Lahiri Dr Subodh Chandra	8, Theatre Road Calcutta
Chatterji Dr Sachu Kumar	95/1, Gurpar Road, Calcutta
Mitra, Dr Surendra Krishna	28, Bagbazar Street, Calcutta
Rai R S Kali Prasanna	Public Health Department, Writers' Buildings, Calcutta
Gow, Major P Fleming	6, Harrington Street, Calcutta
Ahmed Dr Khaliluddin	89/1, Ripon Street, Calcutta
Ahmed Mr Syed Sultan	Bengal Veterinary College, Belgachia, Calcutta
White Lt Col A Denham	25, Alipore Park, Calcutta
Sewell Lt Col R B Seymour	Director of the Zoological Survey, Calcutta.
Barnardo Lt Col F A F	Medical College, Calcutta
Mazumdar Dr Harihar	Muktagacha, Mymensingh
Datta Dr Sibaram	Lawrence Mills P O Chakasi Howrah District
Judah Dr N J	2, Hungerford Street Calcutta
Kirwan Major F O G	Campbell Medical School and Hospital, Calcutta
Sen Dr Atindranath	80, Ashutosh Mukherjee Road Bhowanipore, Calcutta
Ahmad Capt Dibkuddin	21/2, Harish Mukherjee Road, Bhowanipore Calcutta
Sinha Capt Ramanath	Sunny Bank, Chinsura District Hooghly.
Bakshi Dr H N	S K Hospital Mymensingh
Bramwells Dr E H	39, Chowringhee, Calcutta
Dey Dr Subal Chandra	4, Beadon Street Calcutta
Sarlar Dr Jyotish Chandra	154 Aheereetola Street Calcutta
Banerjee Dr Karunamoy	Campbell Medical School Calcutta
Sen Dr Kali Prasanna	Registrar, Campbell Hospital, Calcutta
Bhattacharjee Dr Prafulla Kumar	6, Sankaritol East Lane, Calcutta
Basu Dr Khagendra Nath	1, South Coolie Road, P O Bellaghata, Calcutta
Banerjee, Dr Binode Behari	Campbell Hospital, Calcutta
Gupta Dr Nirmal Chandra Das	79/26/D, Lower Circular Road, Calcutta.
Ganguly, Dr Lal Behari	Campbell Medical School, Calcutta
Chaudhuri, R B Upendra Nath Ray	Campbell Medical School, Calcutta.

BRITISH INDIA—*contd*Bengal—*contd*

Majumdar Dr Binay Lall	Campbell Medical School Calcutta
Ghosh Dr Durga Pada	18 Raja Nava Krishna Street Calcutta
Mastra Dr Jitendra Nath	Campbell Medical School Calcutta
Chakraverty Dr Dinesh Chandra	93 Cornwallis Street Calcutta
Theodore Dr James	School of Tropical Medicine Calcutta
Goswami Dr K M	C M O Gangpur Sundergarh P O
Chandra Dr S P	Angus Dispensary Angus (Hooghly)
Dutt Dr J N	Angus Dispensary Angus (Hooghly)
Mukharje Dr Santosh Kumar	44 Badur Bagan Street Calcutta
Sandes Lt Col J D	9/4 Middleton Row Calcutta
McCutcheon Dr Oliver	Matelli P O Jalpaiguri
De Dr S N	52 Brajanath Dutt Lane Calcutta
Dutt Dr S N	87 Wellesley Street Calcutta
Chatterjee D S C	48 Wellington Street Calcutta
Bellgard Dr S J	E B Ry Dinajpur Ruhea Construction Bochagunj P O Setabgunj
Banerjee Dr J	25 Sukea Street Calcutta
Pollock Dr Aubrey	C M O E I Ry Calcutta
Dass Dr I	Suite 6 3/C Chowinghee Lane Calcutta
Panja Dr Ganapati	School of Tropical Medicine Calcutta
Ghosh Dr H	B I Co Ltd 153 Dhurrumtola Street Calcutta
Sur Dr S N	Assistant Director of Public Health Bengal Calcutta
Singh Major B H	Medical College Hospitals Calcutta
Banerjee Dr M N	3, Theatre Road Calcutta
Harnett Lt Col W L	Sealdah House 13, Lower Circular Road Calcutta
Mitra Dr B	69 Durga Charan Doctor Lane Calcutta
Ganguli Capt P	17 Naya Bazar Road Dacca
Shorten Major J A	2/2 Harrington Street Calcutta
Schulking Dr C F	36 Park Street Calcutta
Mitra Dr Subodh	148 Russi Road Calcutta
Sen Dr Prabhat Chandra	22/1 Creek Row Calcutta
Dass Dr Harendra Kumar	Civil Surgeon Jessore
Ahmed, Dr R	10/1 Esplanade East Calcutta
Tate Major General G	Surgeon General with the Government of Bengal Calcutta

BRITISH INDIA—*contd*Bengal—*contd.*

Gupta Dr A N	170/1 Lower Circular Road Calcutta
Sufi Dr M E	Assistant Director of Public Health Bengal Calcutta
Das Dr B C	153 Dhurrumtola Street Calcutta
Dutt Captain N N	153 Dhurrumtola Street Calcutta
Chandra Captain S N	79/27 Lower Circular Road Calcutta
Basu Capt K M	Uluberia Howrah District
Chatterjee R B Dr G C	1/2A Prem Chand Boral Street Calcutta
Fox Capt E C R	Pasteur Institute Calcutta
Sircar Dr Haripada	Shyamnagar 24 Perganas
Chaudhuri Dr A L Sharma	Public Health Department Bengal Calcutta
Khan Dr G	Presidency General Hospital Calcutta
Mukherjee Dr Ramanu Mohan	Madanpur District Faridpur
Sur Dr Taraknath	Medical College Calcutta
Basu Dr Satyendranath	P 81 Russa Road Charakdanga Crossing Bhowanipur Calcutta
Johns Dr Charles G	The London Dental Surgery Darjeeling Birbhum.
Ghosh Dr Upendra Nath	Sonarpur 24 Perganas
Sinha Dr Radha Raman	166 Ekrampur Dacca
Das Gupta Dr Byomkes	5 Pretoria Street Calcutta
Armytage Lt Col V B Green	32 Kal das Patitandu Lane Kalighat P O , Calcutta
Banerjee Dr H N	Civil Surgeon Noakhali
Sarkar Dr Sarasi Lal	New Central Jute Mills Co Ltd Ghooerry District Howrah
Chattopadhyay Dr Hemanta Kumar	15 Clive Street Calcutta
Urchs Dr Oswald	10 Gardeners Road Laloooh E I Ry
Repper Dr Edwin N D	Civil Surgeon Barisal
Thakur Major Keshav Sadashiv	C/o The Angus Co Ltd 3 Clive Row Calcutta
Norrie Dr F H B	183 Panchanantola Road Howrah
Dutt Dr Sarat Chandra	School of Tropical Medicine Calcutta
McGuire Dr C	6 Kansarpura Road Bhowanipore, Calcutta
Basu Dr Ramesh Chandra	8/4 Santiram Ghose Street Shambazar, Calcutta
Banerjee Dr Kalipada	

BRITISH INDIA—*contd**Bengal*—*contd*

Rao, Dr S Sundar

Aly, Dr M Mohammad

Ghosh, Dr Pramatha Nath

Shanks, Major George

Brown, Lt Col C H

Chandhun, Dr B L

Williams, Mr G Bransby

Bhaduri, Dr B N

Batra, Dr G L

Iyengar, Mr M O T

McGregor, Mr A D

Ghosh, Dr B C

MacLachlan, Dr Mary H

Das, Dr Kunjabhbari

O'Connor, Capt William

Roy, Dr Bibhuti Bhushan

Mallick, Dr K L Basu

Elung, Dr Henry Thomas

Murray, Major H E

Sarkar, R B Dr H C

Cama, Dr A

Banerjea, Dr P K

Ray, Dr Manadakanta

Mitra, Dr Gopal Chandra

Newman, Dr C D

Mullick, Dr Manindranath

Bhattacharyya, Dr Sahi Nath

Mitra, Dr S N

Ghosh, Dr Ekendranath

Majeed, Dr M A

• Darbhanga Scholar, School of Tropical Medicine, Calcutta

Inspection Bungalow, P O Dulai, Pabna

• Presidency General Hospital, Calcutta

• Medical College, Calcutta

238, Lower Circular Road, Calcutta

9A, South Road, Calcutta

• C/o Local Secretary, Government of Bengal, Calcutta

10/A, Wellington Street, Calcutta

• Assistant Director of Public Health, Bengal, Calcutta

School of Tropical Medicine, Calcutta

Bengal Veterinary College, Belgachia, Calcutta

• 3, Balak Dutta Lane, Calcutta

Charteris Hospital, Kalimpong

Nakaha, Pabna

6, Royd Street, Calcutta

12, Shibtola Lane, Entally, Calcutta

Chakas, Howrah

The Range 50, Kolutola Street, Calcutta

245, Lower Circular Road, Calcutta

Civil Surgeon, Khulna

Lady Dufferin Hospital 1, Amherst Street, Calcutta

Eye Infirmary, Medical College Hospital, Calcutta

School of Tropical Medicine, Calcutta

School of Tropical Medicine, Calcutta

E B Ry, Saidpur

Carmichael Hospital for Tropical Diseases, Calcutta

Carmichael Hospital for Tropical Diseases, Calcutta

• Assistant Director of Public Health, Bengal, Calcutta

• Medical College, Calcutta

• Medical College, Calcutta

BRITISH INDIA—*concl**Bengal*—contd

Bose, Dr S R

Dixey, Dr M

Baker, Dr J C

Mukerjee, Dr S

Pelly, Dr R S

Khan, Dr R L

Gupta, Dr Umapati

Ghosh, Dr Sudhamoy

Dorothy, Sister

Hume, Dr Winiford M

Maplestone, Dr Philip Allan

Napier, Dr L E

Dutt, Dr S C

Gupta, Dr J C

Banerjee, Mr N

Mukerji, Dr P K

Mukerji, Dr A K

Worsley, Dr M A

Paul, Dr Binoy Krishna

Sen, Capt Annada Charan

Wolfe, Dr Patrick

Sen Gupta, Dr S

Omar, Dr Mahammad

Smith, Dr W H

Roy, Dr Bankim Bebari

Newell, Dr Grace H

Roy, Dr Basanta Kumar

Remfry, Dr Mary H Y

Basu, Dr Nabani Kanto

Pillai, Dr Krishna Venkata chalam

Dikshit, Dr Bhalchandra Babaji

Greene, Capt Henry Alexander

Chatterjee, Mr Nihar Ranjan

Carmichael Medical College, Belgachia, Calcutta

C/o Scottish Churches College, Calcutta

Hasimara, Dooars

Medical College, Calcutta

The Old Church, 11, Mission Row, Calcutta

Bagnan P O, District Howrah

School of Tropical Medicine, Calcutta

School of Tropical Medicine, Calcutta

Oxford Mission Behala, 24 Perganas

C/o Miss Reid, 18, Duff Street Calcutta

School of Tropical Medicine, Calcutta

School of Tropical Medicine, Calcutta

Mayo Hospital, Calcutta

School of Tropical Medicine, Calcutta

P 76, Russa Road South, Bhowanipore, Calcutta

School of Tropical Medicine, Calcutta

School of Tropical Medicine, Calcutta

Dufferin Hospital, 1, Amherst Street, Calcutta

School of Tropical Medicine, Calcutta

Chandpur, Tipperah

50 Kolutola Street, Calcutta

School of Tropical Medicine, Calcutta

Anderkilla, Chittagong

83, Chowringhee, Calcutta

Medical College, Calcutta

44, Lower Circular Road Calcutta

Carmichael Hospital for Tropical Diseases, Calcutta

49, Theatre Road Calcutta

School of Tropical Medicine, Calcutta

School of Tropical Medicine, Calcutta

School of Tropical Medicine, Calcutta

50, Kolutola Street, Calcutta

School of Tropical Medicine, Calcutta

Bengal—contd

Coulson Dr Violet G	C/o A L Coulson Esq Geological Survey of India Calcutta
Cupta Dr P Kumar	2 Rammoy Road Bhowanipore Calcutta
Sen Dr Maitreyanjay	9/1/B Roy Bagan Street Calcutta
Sinha Dr Hira Lal	15/1/1A Boloram Ghose Street Shambazar, Calcutta
Bhattacharyya Dr Pasupati	16 Baghbazar Street Calcutta
Fleming Dr Henry Leonard Osborn	137 Lower Circular Road Calcutta
Basu Mr Bhudeb Chandra	School of Tropical Medicine Calcutta
Das Gupta Dr Binoy Mohan	School of Tropical Medicine Calcutta
Ghose Dr Sudhir Kumar	School of Tropical Medicine Calcutta
Poy Dr Nando Lal	School of Tropical Medicine Calcutta
Chatterjee Dr Jogendra Nath	School of Tropical Medicine Calcutta
Ratnagiriswaran Mr A N	School of Tropical Medicine Calcutta
Borkar Dr (Miss) Prem	Lady Dufferin Hospital 1 Amherst Street, Calcutta
Suhrawardy Dr A	E I Ry Asansol
Brach Major J J A	159 Lower Circular Road Calcutta
De Dr Monindranath	Medical College Calcutta
Roy Dr Barendra Nath	Medical College Calcutta
Chakravarty Dr Moni Mohan	Medical College Calcutta
Khalique Dr A	43 Chittaranjan Avenue Calcutta
Bauerji Dr Nani Lal	School of Tropical Medicine Calcutta
Gazlari Dr J D	36 Chittaranjan Avenue (South) Calcutta
Singh Dr Yen	Victoria Hospital Darjeeling
Poy Choudhury Dr Shyama Pada	Calcutta Police Hospital Bhowanipore, Calcutta
Sinha Dr Charu Chandra	Medical School Dacca
Chaudhury Dr Suloh Chantra	School of Tropical Medicine Calcutta
Bakshi Dr P V	55A/2 Goutoli Road Bhowanipore Calcutta
Holt Dr (Miss) Nelly	Holt Hospital Calcutta
Chatterjee Dr S C	C/o Mr S C Chatterjee Writers' Buildings, Calcutta
Purkut Dr D N	Krishnanagar Dispensary Amardaha, Howrah District
Bhattacharjee Dr T N	58/1 Harish Mukherjee Road, Bhowanipore, Calcutta

Bengal—contd

Roy Dr Murali Mohan	School of Tropical Medicine Calcutta
Singh Dr Wedhwala	School of Tropical Medicine Calcutta
Bansod Dr V B	School of Tropical Medicine Calcutta
Rakha Dr Ram	School of Tropical Medicine Calcutta
Godbolé Dr Krishnaji M	School of Tropical Medicine Calcutta
Bal Dr Jatindra Nath	School of Tropical Medicine Calcutta
Das Gupta Dr Chittaranjan	School of Tropical Medicine Calcutta
Ghose Dr Khagendra Bhusan	X Ray Department Medical College Calcutta
Martin Dr W A	2 Commissariat Road Hastings Street Calcutta
C M S Medical Mission	Ranaghat
Rudra Dr B Kumar	1 Hogulkooria Lane Calcutta
Pandit Captain Vijay Shankar rao	Indian Military Hospital Alipore Calcutta
Guha Dr Ananta Kumar	Khoosh Bagan Burdwan.
Johnston Dr George Lawson	C M O E B Ry 3 Koilaghata Street Calcutta
Morison Dr Robert	Rajshahi
Das Dr Sudhir Kumar	65 Sankaritola Lane Bowbazar Calcutta
Sen Mahamahopadhyaya Pandit Gana Nath	Kalpataru Palace Chittaranjan Avenue (North) Calcutta
Griffin Mr F C	Chief Engineer P H D Bengal, Calcutta
Fry Col A B	7 Russell Street Calcutta
Labhaya Captain R	Indian Military Hospital Alipore Calcutta.
Mukherjee Dr A D	27 C Upper Circular Road Calcutta
De Dr Jyotish Chandra	48 Park Street Calcutta
Ghosh Captain (Hony) Mithilesh Chandra	Pabna E B Ry
Roy Dr Rama Prasanna	School of Tropical Medicine Calcutta
Chatterjee Dr Sailendranath	93 Mohan Lal Street Shambazar Calcutta
Datta Dr Surendra Nath	School of Tropical Medicine Calcutta.
Stone Major W J K	53 Chowringhee Calcutta
Banerji Dr Jitendra Kumar	28 Ganga Prosad Mukherjee Road Bhowanipore Calcutta
Sinha Dr Krishnadasu	57 Ramesh Chandra Road Bhowanipore Calcutta

Bengal—contd.

Chakravarty, Dr	Kartick	
Chandra		The Annapurna Pharmacy, 77, Lower Circular Road Calcutta
Das, Dr J M		Campbell Medical School, Calcutta
Sen, Dr Satyendranath		Medical College, Calcutta
Majumdar, Dr K D		2/1, Bholanath Pal Lane, Beadon Street, Calcutta
Saha, Dr Madan Mohan		150 Aheereetola Street Calcutta
Maitra, Dr Jogendranath		58/1 Kolutola Street Calcutta
Sinha, Dr S N		10, Nandy Street, Ballygunge Calcutta
Ghose, Dr Ras Behari		22, Sukea Street Calcutta
Ganguly, Dr Satkari		30/1/2, Doctor's Lane, Calcutta
Ghose, Dr Nagendra Nath		Hatkholi, Chandernagore
Mukherji, Mr M B		127, Circular Garden Reach, Kidderpore, Calcutta
Ghosh, Dr Jiban Krishna		121, Circular Garden Reach, Kidderpore, Calcutta
Chatterjee, Dr Shekhar Nath		22 Sukea Street, Calcutta
Torrey, Dr F A.		1, Little Russell Street, Calcutta
Bose, Dr Bidhu Mohan		93/1, Hari Ghose Street, Calcutta
Chandra, Dr Gopi Nath		57 Nimu Gossain Lane, Calcutta
Basu, Dr Sailendra Kumar		17 Nilmoni Dutta Lane, Bowbazar, Calcutta
Roy, Dr Jatindra Sankar		41, European Asylum Lane, Calcutta.
Banerjee, Major Probodh		Medical College, Calcutta
Chandra		
Banerjee, Dr Siddheswar		2047, Chittaranjan Avenue (South), Calcutta
Banerjee R B Dr Satish		Medical College, Calcutta
Chandra		
Bhattacharjee, Dr Dinesh		39, Ramkamal Street, Kidderpore, Calcutta
Chandra		
Ghose Dr Sourendra Nath		60, Potuutola Lane, Calcutta
Sen Dr Satyaranjan		262 Mirzapur Street, Calcutta
Singh (Hony Jamadar) Dr		Diamond Harbour (21 Per
Tara Prasad		Medical College, Calcutta
Chatterjee, Dr Nagendra Nath	.	128, Amherst Street, Calcutta
Chakravarty, Dr Nilmoni		23, Bechu Chatterjee Street,
Mitra, Dr Jatindra Kumar		66, Harrison Road, Calcutta
Mistree, Dr Nathooon	.	

Bengal—contd

Mukherjee, Dr Laht Mohan	28, Harrison Road, Calcutta
Jeswal, Dr U R.	Medical College, Calcutta
Dutta, Dr Hemendralal	65, Simla Street, Calcutta
Barman, Capt Rohini Kumar Roy	58, Cornwallis Street, Calcutta
Banerjee, Dr Probodh Chandra	15, Elgin Road, Calcutta
Ghose, Dr Surendranath	118, Amherst Street, Calcutta
Agharkar, Dr S P	35, Ballavgunge Circular Road, Calcutta
Basu, Dr Subodh Kumar	76, Ashutosh Mukherjee Road, Bhowanipore, Calcutta
Menon, Dr V K K	School of Tropical Medicine, Calcutta
Bhattacharya, Dr Pulin Behari	52, Harrison Road, Calcutta
Paul, Dr Bhuban Mohan	10, Raja Brajendranarayan Roy Street, Calcutta
Nayak, Dr Balmukundra	28, Harrison Road, Calcutta
Misra Dr Sityabadi	28, Harrison Road, Calcutta
Chandra, Dr Subodh Chandra	Medical College, Calcutta
De Dr K L	73, Shova Bazar Street Calcutta
Chowdhury, Dr (Miss) B K	8/E, Beadon Street, Calcutta
Sen, Dr S K	Carmichael Medical College, Belgachia, Calcutta
Rahim, Dr Habibar	58/C, Wellesley Street Calcutta
Ghosal Dr Susanta Chandra	11/B Bhuban Mohan Sarkar Lane, Calcutta
Ghose, Dr J N	65/1, Beadon Street, Calcutta
Mitter Dr S	343, Upper Chitpore Road, Calcutta
Indra, Dr H K	Medical College, Calcutta
Chatterjee, Captain H	67, Sukea Street, Calcutta
Sinha, Captain J D	28/14, Akhil Mistri Lane, Calcutta
Ghosh, Dr Susanta Kumar	52, Ramkanto Bose Street, Calcutta
Sane, Dr S J	C/o Mr V M Sane, House No ½ R N, 74, Mechhu Bazar, Calcutta
Ghosh, Dr Sudhir Kumar	49, Chaulpati Road, Bhowanipore, Calcutta
Hassain, Dr Marsudar	Medical College Hospital, Calcutta
Majumdar, Dr A C	38, Guruprasad Chowdhury Lane, Calcutta
Saha, Dr K L	21/1, Darpanarayan Tagore Street, Calcutta

Bengal—contd

Maitra, Dr Heramba Chandra	Medical College, Calcutta
Roy, Dr Sityaban	29/4, Chittaranjan Avenue, Calcutta
Banerji, Dr Prothas Chandra	39/6, Sukea Street, Calcutta
Das Gupta, Dr Prafulla Ranjan	96A, Grey Street, Calcutta
Barat, Dr Provat Ranjan	23, Sukea Street, Calcutta
Gupta, Dr Sudhansu Kumar	35, Madan Mitter Lane, Calcutta
Pillai, Dr D A Kandaswami	School of Tropical Medicine, Calcutta
Panja, Dr Dhanapati	School of Tropical Medicine, Calcutta
Dutta, Dr M M . . .	Campbell Medical School, Calcutta
Marcovitch, Dr Basile	161, Dharamatala Street, Calcutta
Sen Gupta, Dr Nripendra Chandra . . .	14, Chaulpatti Road, Bhowanipore, Calcutta
Bhowmik, Dr Mathura Nath	132/1, Amherst Street, Calcutta
Chakravarty, Dr Hem Chandra	Medical College, Calcutta
Sikdar, Dr G . . .	11 Madhu Gupta Lane, Calcutta
Sen, Dr Nripendra Kumar	63/3, Mirzapore Street, Calcutta
Das, Dr Surendra Chandra	67, Nimtolaghhat Street Calcutta
Roy, Dr Satyendra Nath	5, Mussalmanpara Lane, Calcutta
Rahman, Dr Mansural	Medical College, Calcutta
Chakravarty, Dr Ramkinkar	14 Fordyce Lane, Calcutta
Christian, Lt Col J B	Magdela House, Hastings, Calcutta
Sarbadhikary, Dr Sachindra	89, Dharamtola Street Calcutta
Gill, Dr John Egue	39, Chowringhee Road Calcutta
Roy Chowdhury, Dr A C	C/o Director of Public Health Bengal, Calcutta
Roy, Dr. Taraknath	School of Tropical Medicine, Calcutta
Bowie, Mr James . . .	9 Galstaun Mansions, Calcutta
Roy, Dr Anil Chandra	School of Tropical Medicine, Calcutta
Dutta, Dr Surendra Chandra	Assistant Radiologist, Medical College, Calcutta
Das Gupta, Dr Debesh Chandra	161/1 Baitakkhana Road, Calcutta
Mukherjee, Dr Loknath	5/1, Bepin Mitter Lane, Calcutta
Chatterjee, Dr Kali Ranjan	School of Tropical Medicine Calcutta
Basu, Dr Jagat Bandhu	15, Gopi Bose Lane, Calcutta
Khan, Dr Fazlur Rahaman	Cottage No 2, Eden Hospital Road, Calcutta
Kabir, Dr Hossain . . .	Cottage No 2, Eden Hospital Road, Calcutta.

Bengal—contd

Guzdar, Dr R J	14, Clive Street, Calcutta
Gupta, Dr Anilendranath Das	38/2, Lower Circular Road, Calcutta
Sinha, Dr Suresh Chandra	Medical College Hospital, Calcutta
Gupta, Dr Jai Krishna	6, Guru Prosad Roy Lane, Calcutta
Dhar, Dr Durga Ratan	27, Upper Circular Road, Calcutta
Datta, Dr Satchidananda	6/5A, Ram Kanto Mistri Lane, Calcutta
Ogden, Dr John Lionel	50, Kolutola Street, Calcutta
Gangulee, Dr H C	Bengal Veterinary College, Belgachia, Calcutta
Ghosh, Dr K N	134/A, Muktaram Babu Street, Calcutta
Roy Chaudhury, Dr Jnanendra Nath	117, Dharamatala Street, Calcutta
Chakraverty, Dr Paresh Chandra	Medical College Hospital, Calcutta
Sen, Dr Protap Chandra	14, Chaulpati Road, Bhowampore, Calcutta
Chowdhury, Dr Purendra Nath	114/2, Cornwallis Street, Calcutta
Pal, Dr Jogendra Nath	23, Circular Garden Reach, Kidderpore, Calcutta
Roy, Dr S K	37/1, Wellington Street, Calcutta
Gupta, Dr B N	College Street Market, Calcutta
Ghosh, Dr B N. . . .	School of Tropical Medicine, Calcutta
Chatterji, Dr Panchanan	132, Cornwallis Street, Calcutta
Dutta, Dr Hiranya Kumar	General Hospital, Howrah
Majumdar, Dr Akhil Ranjan	Medical College Hospital, Calcutta
Dutta, Dr Chittaranjan	Cottage No 1, Eden Hospital Road, Calcutta
Roy, Dr Dhurendranath	56 Baniapooker Road Entally, Calcutta
Pande, Dr Bala Dutt	32, Beadon Row, Calcutta
Chatterjee, Dr. Dhurendra Nath	33, Almuddin Street, Calcutta
Banerjee, Dr Jogesh Chandra	33, Almuddin Street, Calcutta
Santra, Dr Isaac	School of Tropical Medicine, Calcutta
Cunha, Dr P D	3, Hungerford Street, Calcutta
Nandi, Dr A K	9, Muktaram Row, Calcutta
Dutt, Dr Hira Lal	1, Chittaranjan Avenue, Calcutta
Basak, Dr Manindranath	67/1, Beadon Street, Calcutta
Mohalanobis, Dr Tarak Nath	Calcutta Police Hospital, Calcutta
Comar, Dr G P	14, Clive Street, Calcutta
Ghosh, Dr S C	37, Puddapooker Road, Elgin Road P. O., Bhowanipore, Calcutta

Bengal—contd

Paleman Dr Ellen	C/o Miss Aruestead Medical College Calcutta
Gharda Dr M F	77 Wellesley Street Calcutta
Pal Dr Sarada Prasad	Lalef Lodge Rajgunj Sankrail P O, Howrah
Ghose Dr Kironmoy	10/B Chaulpati Lane Calcutta
De Dr Sarat Chandra	Deriachak Raghunathbari Midnapore
Seil Dr S N	25 Rammohun Shaw Lane Calcutta
Gupta Dr Upendra Mohan	88/A Hazra Road Bhowanipore Calcutta
Roy Dr S	153 Dharamtala Street Calcutta
Deekshitiu Dr M B	36 Chittaranjan Avenue Calcutta
Bhattacharjee Dr Naresh Chandra	8/A Beadon Street Calcutta
Trivedi Dr B L	2 Portuguese Street Calcutta
Vyas Dr N R	50 Ezra Street Calcutta
de Castro Mr Joseph	58 Wellesley Street Calcutta
Ellam Dr Mary V	C/o J Scott Esqr Angus Jute Works, Angus P O Calcutta
Das Dr Aswini Kumar	Bengal Engineering College P O Botanic Gardens Howrah
Basu Dr S V	52 Aheereetola Street Calcutta
Datta Dr Paresh Chandra	Kanchrapara E B Ry
Ganguly Dr S K	12/13 Fordyce Lane Calcutta
Dutt Dr Bireswar	29 Mahendra Sircar Lane Calcutta
Sen Dr Yamini	22 Nulmony Mitter Street Calcutta
Siddique Dr S M	24 Hidayat Khan Lane Calcutta
Mastra Dr Surendranath	Campbell Medical School Hospital R M O Quarters Calcutta
Roy Dr P	71 Corporation Street Calcutta
Mukherjee Dr Kalipada	38 Parbati Ghose Lane Baghbazar P O Calcutta
Kirtee Dr K C	Sealdah Station Calcutta
Chatterjee Capt S C	29/A Ballygunge Circular Road Calcutta
Mitter Dr N I	Bankura
Rajan, Dr Rishiyar Sunderam Thiyaga	13 Tarapado Street Botanical Garden Howrah
Bradley Dr Ross M	9/1 Middleton Street Calcutta.

Bengal—contd

Guzdar, Dr R J	14, Clive Street, Calcutta
Gupta, Dr Amarendranath Das	38/2, Lower Circular Road, Calcutta
Sinha, Dr Suresh Chandra	Medical College Hospital, Calcutta
Gupta, Dr Jai Krishna	6, Guru Prosad Roy Lane, Calcutta
Dhar, Dr Durga Ratan	27, Upper Circular Road, Calcutta
Datta, Dr Satchidananda	6/5A, Ram Kanto Mistri Lane, Calcutta
Ogden, Dr John Lionel	50, Kolutola Street, Calcutta
Gangulee, Dr H C	Bengal Veterinary College, Belgachia, Calcutta
Ghosh, Dr K N	134/A, Muktaram Babu Street, Calcutta
Roy Chaudhury, Dr Jnanendra Nath	117, Dharamatala Street, Calcutta
Chakraverty, Dr Paresh Chandra	Medical College Hospital, Calcutta
Sen, Dr Protap Chandra	14, Chaulpati Road, Bhowampore, Calcutta
Chowdhury, Dr Purendra Nath	114/2, Cornwallis Street, Calcutta
Pal, Dr Jogendra Nath	23, Circular Garden Reach, Kidderpore, Calcutta
Roy, Dr S K	37/1, Wellington Street, Calcutta
Gupta, Dr B N	College Street Market, Calcutta
Ghosh, Dr B N.	School of Tropical Medicine, Calcutta
Chatterji, Dr Panchanan .	132, Cornwallis Street, Calcutta
Dutta, Dr Hiranya Kumar	General Hospital, Howrah
Majumdar, Dr Akhil Ranjan	Medical College Hospital, Calcutta
Dutta, Dr Chittaranjan .	Cottage No 1, Eden Hospital Road, Calcutta
Roy, Dr Dhurendranath	56 Baniapooker Road, Entally, Calcutta
Pande, Dr Bala Dutt	32, Beadon Row, Calcutta
Chatterjee, Dr Dhurendra Nath	33, Alimuddin Street, Calcutta
Banerjee, Dr Jogesh Chandra	33, Alimuddin Street, Calcutta
Santra, Dr Isaac	School of Tropical Medicine, Calcutta
Cunha, Dr P D	3, Hungerford Street, Calcutta
Nandi, Dr A. K	9, Muktaram Row, Calcutta
Dutt, Dr Hira Lal	1, Chittaranjan Avenue, Calcutta
Basak, Dr Manindranath	67/I, Beadon Street, Calcutta
Mohalanobis, Dr Tarak Nath	Calcutta Police Hospital, Calcutta
Comar, Dr G P	14, Clive Street, Calcutta
Ghosh, Dr S C	37, Puddapooker Road Elgin Road P. O., Bhowanipore, Calcutta

Bengal—contd

Paleman, Dr Ellen	.	C/o Miss Aruestead, Medical College, Calcutta
Gharda, Dr M F	.	77, Wellesley Street, Calcutta.
Pal Dr Sarada Prosad	.	Lalef Lodge, Rajgunj, Sankrail P. O., Howrah
Ghose, Dr Kironmoy	.	10/B, Chaulpati Lane, Calcutta
De, Dr Sarat Chandra	.	Deriachak, Raghunathbari, Midnapore
Seal, Dr S N	.	25, Rammohun Shaw Lane, Calcutta
Gupta Dr Upendra Mohan	.	88/A Hazra Road, Bhowanipore, Calcutta
Roy, Dr S	.	153, Dharamtala Street, Calcutta
Deekshitalu, Dr M B	.	36, Chittaranjan Avenue, Calcutta
Bhattacharjee, Dr Naresh Chandra	.	8/A, Beadon Street, Calcutta
Trivedi, Dr B L	.	2, Portuguese Street, Calcutta.
Vyas Dr N R	.	50, Ezra Street, Calcutta
deCastro Mr Joseph	.	58, Wellesley Street, Calcutta
Ellam, Dr Mary M	.	C/o J Scott, Esqr, Angus Jute Works, Angus P O, Calcutta
Das Dr Aswini Kumar	.	Bengal Engineering College, P O Botanic Gardens, Howrah
Basu, Dr S N	.	52 Aheereetola Street, Calcutta
Datta, Dr Paresh Chandra	.	Kanchrapara, E B Ry
Ganguly, Dr S K	.	12/13, Fordyce Lane, Calcutta
Dutt, Dr Bireswar	.	29, Mahendra Sircar Lane, Calcutta
Sen, Dr Yamini	.	22, Nilmony Mitter Street, Calcutta
Siddique, Dr S M	.	24, Hidayat Khan Lane, Calcutta
Maitra, Dr Surendranath	.	Campbell Medical School Hospital, R M O Quarters, Calcutta
Roy, Dr P	.	71 Corporation Street, Calcutta
Mukherjee, Dr Kabpada	.	38 Parbati Ghose Lane, Bighbazar P O, Calcutta
Kurjee, Dr K C	.	Sealdah Station, Calcutta
Chatterjee, Capt S C	.	29/A, Ballygunge Circular Road, Calcutta
Mitter, Dr N L	.	Bankura
Rajan, Dr Rishiyar Sunderam Thyaga	.	13 Tarapado Street Botanical Garden, Howrah
Bradley, Dr Ross M	.	9/1, Middleton Street, Calcutta

Bengal—concl'd

Das Dr Sashibhusan	W30 Corporation of Calcutta Calcutta.
Mukhopadhyaya Dr Girindra Chandra	S/S Masula' Medical Officer C/o B I S & Co Ltd. Calcutta
Roy Dr Dharendra Nath	School of Tropical Medicine Calcutta
	<i>Bon bay</i>
Mackie Lt. Col F P	Haffkne Institute Parel Bombay
Lafrenais Dr H M	Haffkne Institute Parel Bombay
Mehta Dr J N	King Edward Memorial Hospital and Gordhandas Sunderdas Medical College Bombay
Fernandes Miss F Saldanha	Erskine Road Near Bhindya Bazar Post No 9 Bombay
Houston Lt Col W M	Port Health Officer Bombay
Mhaskar Dr K S	Haffkne Institute Parel Bombay
Parmanand Mr V J	217 Charni Road Bombay
Anthony Lt Col R W	Surgeon General with the Government of Bombay Poona.
Pai Dr A. S	Bombay No 2
d'Monte Dr D A.	Summit View Bandra Hill Bombay
Gharpuré Lt Col K. G	Civil Surgeon Belgaum
Mehta Prof M O	Wad a Maternity Hospital Parel Bombay
Khandwalla Captain M T	Indian Military Hospital Santa Cruz.
Khandwalla Mr T C	Bansda South Gujrat via Bihumora
d Souza Mr J A	"1 Cheera Bazar Bombay 2
Billimoria Dr R B	Wass amal Buildings Grant Road Bombay
de Penning Captain H C	N W Railway Kotu District Kotu
Gharpuré Dr P V	Grant Medical College Bombay 8
Wadhwanji Dr H R	Jacobabad
Contractor Dr F C	301 Frere Road Mangalore Street (Fort) Bombay
Murray Lt Col J H	2' Queens Gardens Poona
Dalal Dr P A	"11 Princess Street Kalbadevi Bombay
Gandhi Dr K A	Assistant Director of Public Health Ahmedabad
Naidu Dr B P B	Haffkne Institute Parel Bombay
Chitre Dr G D	Haffkne Institute Parel Bombay

Bombay—contd

Karkhanawala Mr	Ardeshir	Bombay Port Trust Siwri Bombay, Post No 15
Dalabhoj		Rulway Hospital Bombay
Iyer Dr K V Raju		Rock House Aden Arabia
Phipson Major E S		Poona City
Seva Sadan Nursing Committee		Thar Parkar Sind
Blind Relief Association		Rose Cottage Mazagon Bombay
Henriques Dr A F		Masina Hospital Victoria Road Byculla, Bombay
Masina Dr H M		Victoria Road Byculla Post Mazgaon
Bombay Masina Hospital		Mental Hospital Teravda Poona
Hartj Major A H		Mission Hospital Broach
Dunn Dr (Miss) L E		97 The Ridge Malabar Hill Bombay
Hamilton Lt Col A F		P A to the Surgeon General Government of Bombay Poona
Shah Captain J M		City Isolation Hospital Arthur Road 11, Bombay
Patel Dr P T		Old Government House Parel Bombay No 12
Avari K B Dr C R	.	44 Lamington Road Byculla Bombay 8
Mehta Dr (Miss) M M		Haffkine Institute Parel Bombay
Carua Rev J F		Haffkine Institute Parel Bombay
Jasudasen Dr F		Haffkine Institute Parel Bombay
Wadi Dr Jal		Director of Public Health for the Govern ment of Bombay Poona
Muness Dr Jamshyd D		Poona
daGama Mr	Acacio	Haffkine Institute Parel Bombay
Balfour Dr Margaret I		Haffkine Institute Parel Bombay
Billimoria Mr H S		Haffkine Institute Parel Bombay
Gokhrle Mr R K		Cama Albin Hospital Bombay
d Monte Dr C		Civil Hospital Karachi
Steinhoff Lt F G		Haffkine Institute Parel Bombay
Jang Mr S S		Haffkine Institute Parel Bombay
Sokhey Major S S		Bombay Municipality Bombay
Sandilands Dr J F		Haffkine Institute Parel Bombay
Akula Dr T G		3 B J Road Civil Lines Poona
Bharucha Dr E S		Pandharpur District Sholapur
Gune Dr T R		Napean Sea Road Malabar Hill Bombay
Choksy Dr N H		

Bombay—contd

Emmanuelov, Dr Alexandra	C/o Deputy Engineer Works Love Grade Road Warli, Bombay
Gore, Dr S N	Haffkine Institute, Parel, Bombay
Barucha, Dr K H	Haffkine Institute, Parel Bombay
Devadatta, Dr O I	A P Mission Hospital, Miraj
Duggan, Major J M	Sir C J Hospital, Bombay
Kamat, Lt Col D D	Civil Surgeon, Sholapur
Acworth Leper Asylum	Bombay Municipality, Bombay
Malandkar, Dr M A	Sorab Buildings, Trans Terminus Bombay
Davison Dr D H	Lansdowne House, Apollo Bunder, Bombay
Nariman Sir T B	Hornby Road, Fort, Bombay
Cottrell, Dr A Raymond	Mission Hospital, Bulsar
Anklesaria, Dr F H	Port Health Office Bombay
Phatherfod Dr W A	Port Health Office, Bombay
Turkhad, Miss M S	Girgaum Back Road, Bombay, 4
Sholapur Medical Society	Civil Hospital Sholapur
Lele Dr K B	Civil Hospital, Sholapur
Dongre, Dr V K	384 Lamington Road, Gurgaon, Bombay, 4
Erulkar, Dr A S	Mount Pleasant Road Malabar Hill, Bombay
Engineer, Miss J B	Hiyi Mansion, 6, Bombay
Bulchandani, Dr K M	Shikarpur
Patel, Miss Gulbai	C/o Lloyds Bank, Bombay
Mehta, Major N M	C/o Lloyds Bank, Bombay
Young, Lt Col T C McCombie	Sind Malaria Enquiry, Larkana
Lambert, Miss Marjorie A M	Canada Hospital, Z B & M M Nasik
Nadgi, Dr Y G	Grant Medical College, Bombay
Row, Dr R	27 New Marine Lines, Bombay
Hewlett, Mr K	Veterinary College, Bombay
Nanavatty, Dr B H	Mirzapore Road, Ahmedabad
Tilak, Dr H V	Servants of India Society, Sandhurst Road, Bombay
Nunan, Dr W	56, Esplanade Fort, Bombay
Modi, Dr J J	Navsari Chambers, Hornby Road, Fort, Bombay.
Hickey, Dr W	C/o Mackinnon Mackenzie & Co, Bombay.

Bombay—contd

Kassam Dr Haji Ghulam Husein	Rampart Row Karachi
Pradhan Dr R G	Medico Surgical Rooms Kurla
Ellis Dr Francis D	Islampur Satara
Khanolkar Dr V R	Gordhandas Sunderdas Medical College Parel Bombay
Bhatia Captain S L	Grant Medical College Bombay
Bhacca Dr Sarosh P	Vanki Bordi Surat
Devidasani Dr Bhagwandas J	Shikarpur
Oza Mr Ishwarlal V	Navapura Cutchmandvi
MacWatt Major General Sir R Charles	C/o Lloyd's Bank Ltd Cox and King's Branch P O Box 48 Bombay
Buchia Dr Dhanjishah N	Balaram Street Grant Road Bombay
Chalam Dr B S	Back Bay House Colaba Bombay
Dhayagude Dr R G	G S M College Parel Bombay
Tarachand Dr M Ramchand	C/o Standard Shikarpur Dharmsala Hardwar (Hyderabad)
Merchant Dr M E	B B & C I Railway Rewari Bombay
Modi Dr (Mrs) Shrimati J	Naasari Chambers Hornby Road Bombay
Murphy Dr M C	Dufferin Hospital Shikarpur
Wallace Major G	Headquarters S C Medical Branch Poona
Mehta Dr Dhunjibhai H	Agiari Street Maleesar Naosari
Jackson Dr T S	C M O B B & C I Railway Bombay
Mama Dr J B	Vaccine Institute Belgaum
Bulchand Dr Parsram	Medical School Hyderabad
Nawalkishore Dr Emulata	Civil Hospital Hyderabad
Chhaya Dr Tuljaprasad Jey shanker	B J Medical School Ahmedabad
Fozdar Dr R M	B J Medical School Ahmedabad
Ratanchandani Dr Mulchand Gangaram	Civil Hospital Hyderabad
Mankad Dr G B	B J Medical School Ahmedabad
Khambatta Dr B F	Keaman Karachi
Horo Dr B	Barnagar Malwa
Kamalakar Dr D	S M V Hospital Surat
Wanless Dr W J	American Presbyterian Mission Hospital, Miraj

Bombay—concl'd

Paranjpe, Prof A S	Bombay
Ramchandani, Dr K T	Medical School, Hyderabad
Noronha, Dr A J	29, Civil Lines, Poona
Khoté Dr H D	Grant Medical College, Byculla, Bombay.
Malkani Dr B R	V J Dispensary, Hyderabad
Panjabi, Dr Parsram Chuharmal	Fort Road Hyderabad
Lalkha Capt K A J	Circus Avenue, Byculla, Bombay
Dholabhai Dr G Navnitlal	Railway Hospital, Bandikui
Lakhmalani, Dr V C	Advan Street, Hyderabad
Pinto, Dr J L	Assistant Director of Public Health, Belgaum
Vachharajani Dr B C	Blind Relief Association, Mirpurkhas
Nunes, Dr E	3C Garden Road, Karachi
Mody Dr G T	Noor Mansions Chowpatty, Bombay
Dodhi Dr Avabai Jehangir	Women's Hospital Hyderabad
Shroff Dr C N	42, Kalbadevi Road, Bombay
Nair Dr S K	Grant Medical College, Bombay
Emmanualov, Dr V E	Mary Tudge Hornby Villard, Bombay
Stallard, Dr Philip L	G P Railway, Victoria Terminus, Bombay

Burma

Verghese Captain G O	Maymyo
Khan, Dr N Akbar	Paungde
Din, Dr Amrud	Military Police Hospital, Pyawbwe (YU)
Bahl Dr P L	Civil Surgeon, Sagaing
Tha, Dr U Ba	Military Police Hospital, Fort Morton, Sma
Chowdhury, Dr K K	Town Medical Hall, Pegu
Pokey, Dr R L	19, Lower Kemmendine Road, Rangoon
Peter, Dr M H	Yandoon
Chari, Dr S J R	Government Cinchona Plantation, Mergui.
Kapur, Dr H R	Civil Hospital, Yawng'hwe (Federated Shan States)
Singh, Dr Ulgar	Civil Hospital, Monyo, Tharrawaddy District
Lwin, Dr U . . .	Public Health Duty, Bassein
Gale, Dr U Maung .	Bassein

Burma—contd

Nyun Captain Kyaw	C Road Mandalay
Constant Dr C E	147 Sule Pagoda Road Rangoon
Bisset Lt Col E	Director of Public Health Burma Rangoon
Martin Major C de C	Pasteur Institute Rangoon
Scott Lt Col H B	C/o Thomas Cook and Son Rangoon
Singh Dr Bhag	Indian Military Hospital Rangoon
Beit Lt Col Francis V O	General Hospital Rangoon
Khin Major H Aung	Civil Surgeon Akyab
Samuel Dr K D	Yosagyo
Kelsall Lt Col R	General Hospital Rangoon
Ameen Dr M N	Indian Red Cross Society 62 A Mogul Street Rangoon
The Harcourt Butler Institute of Public Health	2 Theatre Road Rangoon
Smith Captain E C A	Assistant Director of Public Health Burma, Rangoon
Chemical Examiner to the Government of Burma	Rangoon
Port Health Officer	Rangoon
deCruz Dr J V	Port Hertz
Joseph Mr Daniel Pakkiana than	Indian Military Hospital Rangoon
Grey Dr Anna B	Ellen Mitchell Memorial Hospital Moulmein
Ingram Major W J S	Civil Surgeon Moulmein
Aiyar Dr R S	Civil Surgeon Maubin
Su Dr May	C/o Dufferin Hospital Rangoon
Pillai Dr N S	Meiktila (North Burma)
Lack Lt Col L A Hodgkinson	University College Rangoon
Civil General Hospital	Mandalay
Indian Red Cross Society	Office of the Director of Public Health, Burma Rangoon
Hermaesi Dr J	Health Officer Rangoon
Civil Hospital	Bassein
Kanan Dr I I	Civil Hospital Palaw Margui District
Taylor Lt Col J	Pasteur Institute Burma Rangoon
Forster Lt Col W H C	I G Civil Hospitals Burma Rangoon

Burma—conc'd

Stewart, Lt Col G H . . .	Civil Surgeon, Bassein.
Spence Dr A D . . .	37, Sule Pagoda Road, Rangoon.
Medical Department of the University College	Rangoon
Charan, Mr I	Prome, Burma
Simon Mr A I	Mandalay
Gyaw Dr U Tha	Akyab
Dalal Dr K R	Rangoon Municipality, Rangoon.
Nee Dr U	Civil Hospital, Nyaunglebin.
Philips Dr C G	Civil Hospital, Victoria Point
Tha Dr R R Oo	Civil Surgeon, Toungoo
Pasteur Institute	Rangoon.
Henderson Dr A H	Taungyi
Diwan Dr Radha Krishna	Rangoon Burma

Madras

Cruickshank, Major J A . . .	C M O, M & S M Rly, Madras
Pasteur Institute of Southern India	Coonoor
Ponnaswamy Dr James M	S I Ry, Madura
King Institute	Gundiy, Madras
Kamath Dr M Ryappa	Moolky, Mangalore
English, Dr Lena	American Baptist Mission Hospital Nellore S India
Stephens Dr E D	District Laboratory, Wellington, S India.
d'Sodza Major A J	General Hospital, Madras
Newcomb, Major Clive	Chemical Examiner's Office, T P, Madras
Mahadevan Major V	Pallam Cottah, Tunc Valley District
Gloster, Lt Col T H	Pasteur Institute, Coonoor, S India
Rao Mr Baudur Krishna	8 Guntha Bazar Cuddapah
Unnithan Dr P G G	'Udipi Cottage' Fern Hill P O, Ootacamund (The Nilgiris)
Matthew Dr K T	Assistant Director of Public Health, Madras
Naidu, Dr V P Venkatakrishna	New Town Tanjore, S India
Beer, Dr William Arthur	Pasteur Institute, Coonoor, S India
Rao, Dr V Lakshmi pati	Local Fund Dispensary, Ponur P O, District Guntur

Madras—contd

Pai R B Dr M Keshava	29 Harris Road Mount Road Madras
Rajah Dr Doraswamy	Valangiman Tanjore
Driver Dr Arthur Herbert	London Mission Hospital Jammalama dugu District Cuddapah
Chary Dr C Shreenivasa	Local Fund Dispensary Tiruchendur Dis- trict Tinnevelly
Reddi Dr S Sesha	Purumamulla District Cuddapah
Pillai Dr D John	Chintadripet Madras
Aiyar Dr P S Venkateswara	Local Fund Dispensary Saptur District Madura
Appalanarasayya Dr P V	Municipal Hospital Anakapalli District Vizagapatam
Menon Dr P Narayana	Local Fund Hospital Coondapoor (S Canara District)
Pillai Dr N C Govindaswamy	Arantangi District Tanjore
Tucker Dr (Miss) E E	Kalyani Hospital Madras
Somalingam Dr M	Local Fund Hospital Sattenapalle (Dist Guntur)
Rajan Dr T S S	Rajan Clinic Trichinopoly
Hart Dr (Miss) L H	Madanapalle (Chittoor District)
Venugopal Dr C A	Sundareswara Villas Bazar Road Roya- petta Madras
Menon Dr V Krishna	Valapad South Malabar District
Nair Dr P Gopalan	Mangalore
Iyer Mr L Subramanya	Pollachi District Coimbatore
Raghavan Dr Sesha	Tirukattupalli Post District Tanjore
Seshachari Dr Komanduri	Local Fund Dispensary Nedapadi Dist Salem
Ubhaya Capt N R	Assistant Director of Public Health Mad- ras
Panchapakesan Dr B	Government Headquarters Hospital Bel- lary
Rao Major Koty Venkata Ramana	Masulipatam (Dist Krishna)
Sundaram Dr P R	Tirumala Tirupati (Madras)
Russell Lt Col A. J. H	Director of Public Health Madras
Suryanarayananamurti, Mr C Joshee Dr D Luke	Veterinary Dept Bellary District Krishna The Dr Kellock Home for Lepers Rama- chandrapuram District Godavari
Ruzzack Lt Col S A	District Medical Officer Tanjore

Madras—contd

Baliga, Dr B Subraya	District Health Officer, Bellary.
Iyer, Mr A Natesa	1, Krishnarayer Lane, Nayavaram, District Tanjore
Rao, R B Dr K Raghavendra	Assistant Director of Public Health, Madras
Raj, Mr C Simons Jeysing	Veterinary Hospital, Polaveram (East Godaverry District)
Hutchinson Major General F H G	Surgeon General with the Government of Madras
Hesterlow, Capt A M V	Medical College, Madras.
Kamath, Dr A V	Ganjam, Chatrapur.
Croly Lt Col R G G	Luz House, Cathedral Post, Madras
King, Major H H	King Institute, Gurndy
Nayudu, Dr K V Dhanakoti	Municipal Hospital, Hospet, District Bellary, Madras
Shastry, Major T S	Nellore
Menon Dr T K. . . .	General Hospital, Madras
Ramrao, Dr S	L F General Hospital, Tuni, Eastern Godaverry, Madras
Badcock, Dr C F	Woodcock Road, Ootacamund
Iyengar, Capt K R K	Pasteur Institute, Coonoor
Rau, Dr R Venkata	Local Fund Hospital, Pithapuram (Madras)
Verdon, Captain P	Civil Surgeon, Shawfields, Madras
Fillai, Dr D N	Local Fund Dispensary, Kulitalai, Trichinopoly
Avargal, R S Dr T S Tirumurti	Medical College, Vizagapatam, Madras
Rao Dr V Jagannadha	Local Fund Dispensary, Rasole, East Godaverry District
Subbiah, Dr R	Medical School, Tanjore.
Krishnaswami R B Dr P	Medical College, Vizagapatam (Madras)
Rodgers, Lt Col F C	
Dakshinamurty, Dr S	
Rainy Hospital	
Bradfield, Lt Col E	
Naidu, Dr A M G	
Raghavachari,	
Sankaran, Dr K. . . .	

Madras—contd

Carreck Major F F Rath	.	Berhampore (Madras)
Prabhu, Dr G Madhava	.	Malapuram (S Malabar)
Scroggie, Lt Col W R J	.	Tanjore.
Hensman, Dr H S	.	Mental Hospital, Madras
McGrath, Lieut P J	.	Mental Hospital, Madras
Parasuram, Dr G R	.	Mental Hospital, Madras
Ekambaram, Dr N	.	Mental Hospital, Madras
Krishnamurti, Dr R	.	Government Dispensary, Kunvaram
Ramanujaiya Dr C	.	Chittoor
Nambair, Dr P K Narayanan	.	Municipal Hospital Peddapuram
Menon Dr C P	.	Local Fund Dispensary, Kollengode
Lazarus Dr H M	.	Government Victoria Gosha Hospital, Madras
Sivaraman Dr C A	.	Municipal Hospital, Karur, District Tiruchirapally
Raman, Dr T K	.	Medical College, Madras
Basu, Captain P	.	Medical College, Madras
Bal, Major N K	.	Salem
Susamarian, Dr A	.	Chalar District Godavery
McCarrison Lt Col R	.	Pasteur Institute, Coonoor
Cameron Lt Col J P	.	I G Prisons, Madras
Bharucha Major J C	.	Mangalore
Sattar, Dr Mohamed Abdul	.	Mummudivaram, East Godavery District (Madras)
Donaldson, Dr R S	.	Leper Settlement Tirumani, Chingleput
Rao R S Dr S Venkatasubba	.	Royapuram Medical School, Madras
Graham Mr R A D	.	Medical School, Madura (Madras)
Royapuram Medical School	.	Madras
Pillai Captain S K	.	Civil Surgeon, Vizagapatam Agency, Vizagapatam.
The Municipality	.	Madras
Varadachari Dr P S	.	95 Coral Merchant Street, Madras
Khan, Dr Muhammed Khaasim	.	L 2 Hospital, Kavali, Nellore Dist
Scudder, Dr (Miss) Ida S	.	Missionary Medical School for Women, Vellore, N Arcot
Hingston Lt Col C A F	.	Medical College, Madras
Ware, Mr F	.	Veterinary Department, Madras
Kendrick, Dr J F	.	81, Mount Road, Madras.

Madras—concl'd

Ranganathan, Dr V G	Fraser Town Dispensary, C & M Station, Bangalore
Giffard Mission Hospital .	Muzvid, District Kistna (S India)
Raju, Mr Mullapudi Lakshmana	Koraput, Vizagapatam
South India Union Mission of Seventh Day Adventists	Narsapur, W Godaverry, S India
O'Neill, Lt Col P L	Coimbatore, Madras
Lakshmanan, Dr M S	S Arcot, Cuddalore, Madras
Molony, Major J B de W	D A D H, Madras District Headquarters, Bangalore
Rajadurai, Dr H K	Grant in aid Dispensary, Gundumallay, Mattupatty P O, S India
Mudaliar, R B Dr A Lakshmanaswami	Government Hospital for Women & Children Egmore, Madras
Padmanabhan, Dr C K	Mayavaram Madras
Clark, Dr Z M	Sompetta Ganjam District, Madras
Krishnan, Dr B G	Pasteur Institute, Coonoor
Möller, Dr C Frimodt	Union Mission Tuberculosis Sanatorium, Arogyavaram S India
Ayyar, Dr V Krishnamurti	Madras Veterinary College, Madras
Gopalan Dr E S	Conjeevaram, S India
David, Dr J C	Medical College, Madras
Ramamurti Dr C	Medical College, Vizagapatam
Narayanaswamy, Mr S	Local Fund Dispensary, Kuppam
Vasudevan, Dr A	30 Muthal Chetty Street, Purasawalkam, Madras
Veterinary College	Madras
Benjamin, Dr G I .	General Hospital Madras
Gregory, Dr Helen	Baptist Mission Hospital, Berhampore, Ganjam
Iyer, Dr R. Subbarama	Madras
Viswanathan, Dr K	Madras
Muthu, Dr C	Connemara Hotel Madras
Rao, Dr U Krishna . .	323, Thambu Chetty Street, Madras
Lobo, Dr A R . .	M & S V Railway, Mormugao

Punjab

Maitra Captain G C	Central Research Institute, Kasauli
Kernahan, Major J A A	Rawalpindi
MacKenzie, Lt Col J	Army Headquarters, Simla
Singh, S S Dr Jit	Medical Store Department Lahore Cantt
Carrey, Captain J	29, Mountain View Road Sialkot
Cowie, Dr (Mrs) E A W	Gwalmandi, Rawalpindi
Mayne, Dr Bruce	Central Research Institute Kasauli
Clayton, Dr R V	10, Mayo Gardens, Lahore
Covell, Major G	Central Malaria Bureau Kasauli
Williams, Col A J	Northern Command, Rawalpindi
Hanafin, Major J B	D A D H Headquarters, Lahore District Medical Branch, Dalhousie
Bamford, Dr A V W.	British Military Hospital Ambala Cantt
Cunningham, Lt Col J	Pasteur Institute of India Kasauli
Pasteur Institute of India	Kasauli
Gill, Lt Col C A	Director of Public Health Punjab Lahore
Din, Major Jamalud	Civil Surgeon, Dalhousie
Halliday, Lt Col Herbert	Civil Lines, Rawalpindi
Chand, Dr Amir	Medical School Amritsar
Pennell, Dr Alice M	Cecil Hotel, Simla
Webb Major J R D	Simla Municipality, Simla
Bird Major W	Amritsar
Central Research Institute	Kasauli
Christophers Bt, Col S R	Central Research Institute Kasauli
Ram, Dr Labhu	Mandi Dabwali District Hisar
Ram, Dr Paras	Fazilka District Ferozepore
Heypolette, Dr J F R	Mayo Hospital, Lahore
White, Dr R Senior	Central Malaria Bureau Kasauli
MacKenzie, Lt Col H M	King Edward Medical College Lahore
Nelson, Major J J Harper	King Edward Medical College Lahore
Gibbs Major General A A	D D M S Headquarters Northern Com- mand Rawalpindi
Kapur, R B Maharaj Krishna	13 Fane Road Lahore
Harold, Major C H H	A D H & P, Headquarters Northern Command Rawalpindi
Massan Dr S R	Punjab Veterinary College Lahore
Women's Christian Medical College.	Julliana

Punjab—contd

Victor Dr A C	Simla
Bakhle Col. C R	I G Civil Hospitals, Punjab Lahore
Puri Major M L	Civil Surgeon, Multan
Barraud Captain P J	Central Malaria Organization Kasauli
Singh Dr Gian	Multan
Sachdev Dr Ganesh Das	Multan City
Dhir Dr Manohar Lal	Gurdaspore
Chand Dr Gokul	C/o Gokul Chand & Sons Medical Hall Dinanagar
Thomas Captain D R	Lahore
Khan Dr Allah Jowaya	46 Empress Road Lahore
Hamid Dr Abdul	Sialkot
Khanna Dr Bhagat Ram	Shahalmi Gate Lahore
Nath Dr Prem	96 Nisbet Road Lahore
Pal Dr Rajindar	Mur d Wala Dispensary District Lyallpur
Rahman Dr K A	King Edward Medical College Lahore
Puri Dr I V	Central Research Institute Kasauli
Beg Dr Mirza Yaqub	Ahmadya Buildings Lahore
Paull Dr Edith W Gray	B D Women's Hospital Ambala
Das Dr Shub Charan	Phullaur
Punjab Mental Hospital	Lahore
Kapoor Dr Jiwansingh	Ferozepore City
Butt Dr Abdul Hamid	Lahore
Cairns Dr James	C M O N W R Lahore
Hooton Major General A	Simla
Sinton Major J A	Central Malaria Organization Kasauli
Arora Dr A B	Ambala
Scott Dr L A	Female Hospital Kila Sheikhupura
Chand R S Dr Khazan	Central Malaria Organization Kasauli
Ogilvie Major General W H	D V S in India Army Headquarters Simla
Talwar Dr Mukund Lal	Layllpur
Chandra Captain J	Indian Military Hospital Ferozepore
Hector Dr Mabel	Dow Memorial Hospital Gujarat
Quirk Mr T F	Civil Veterinary Department Punjab
Yacob Dr M	King Edward Medical College Lahore
Ullah Dr Mir Hidayat	Medical School Amritsar
Ikram Uddin Dr	Tuberculosis Institute Lahore

Punjab—concl'd

Smith, Lt Col F F Strother	87, Bakery Road, Sialkot
Singh, Dr Harbhajan . . .	Civil Hospital, Una, Hoshiarpur District
Dhilon, Dr Chanchal Singh . . .	C/o Central Research Institute, Kaasauli
Gorewal, Dr K Singh . . .	King Edward Medical College Lahore
Paterson, Dr Margaret, M . . .	Church of Scotland, Sialkot
Simpson, Dr J P . . .	Good Samaritan Hospital Jhelum
Brown, Dr Edith M . . .	Women's Christian Medical College Ludhiana
Krishna, Dr R . . .	King Edward Sanatorium, Dharampur
Menkel, Dr H C . . .	B D S Buildings, The Mall, Lahore
Pasricha, Lt C L . . .	Indian Military Hospital, Rawalpindi
Sharma, Captain Amarnath . . .	C/o Lloyds Bank, Rawalpindi
Mufty, Dr Samuel . . .	C/o Grundlay & Co Lahore

United Provinces

Bamfield, Major-General H J K	D D M S Eastern Command, Naini Tal
Mukerji, Dr B K . . .	Colvin Hospital, Allahabad
Wright, Lt-Col A W Overbeck	Mental Hospital, Agra
Das, Dr Banarsi . . .	13, Outram Road Lucknow
Cook, Lt Col H P . . .	Civil Surgeon, Fyzabad
Wright, Lt Col. W D . . .	Civil Surgeon, Gorakhpur
Mathur, Dr K P . . .	Benares Cantt
Nigam, Captain K S . . .	Medical College, Lucknow
O'Neill, Lt Col J S . . .	Civil Surgeon, Mussoorie
Pant, Dr Pitambar . . .	Civil Surgeon, Garhwal
Rosar, Captain H Basil . . .	Superintendent of Jails, Fatehgarh.
Das, Dr A N . . .	C M O Haldwani, Naini Tal
Hasan, Dr Syed Faizul . . .	Zaidpur Dispensary, Bara Banki
Bhasauria, Dr Mit Singh . . .	C/o District Medical Officer of Haldwani, Ballia
Mirza, Mr Mohammad Tahir . . .	Haldwani District Naini Tal
Dube, Dr K C . . .	Naini Nair Agra Cantt
Srivastava, Dr Raghubar Sharan	Bara Banki, U P
Kinnaird Hospital . . .	Lucknow
Souza, Dr. A. . .	1, Kursi Road, Lucknow
Chaudhri, Dr K L . . .	Meerut
Hamid, Dr Abdul . . .	Lucknow.
Mathur, Dr R B . . .	Muttra
Dunn, Lt Col C L . . .	Director of Education Education Education

United Provinces—contd

Clyde Captain D	Lucknow
Govil Dr Shiva Narain	Haldwani Dispensary District Naini Tal
Sprawson Lt Col C A	Medical College Lucknow
Mehta Dr Jaishi Ram	Bara Banki
Walter Dr Agnes A	Dampier Nagar Muttra
Agarwala Dr Brij Basu Lal	Balha
Naquvie Dr Syed Zaheer Hasan	Jalalpur Dispensary District Fyzabad
Ahmed Dr Syed	S tapur
Luther Dr P C	Fyzabad
Ali Dr Barkat	Saharanpore
Singh Dr Gur Prasad	C/o District Medical Officer of Health Gorakhpur
Sharma Dr Sohan Lal	C/o District Medical Officer of Health Azamgarh
Prasad Dr Bhagwat	C/o District Medical Officer of Health Gorakhpore
Freeman Dr J I A	21 Canning Road Allahabad
Das Gupta Dr G P	Benares Cantt
Medical Association	Benares
Seth Mr Hira Lal	C/o C T S Dispensary P O Exie Kalyanpur District Cawnpore
Re nhold Lt Col C H	Civil Surgeon Meerut
Mohamad Mr Nur	Saharanpur
Gupta Dr P D	Jhansi
Stott Major H	Medical College Lucknow
Tandan Dr R K	Kairar Manzil Lucknow
Roy Dr Beni Madhav	Lucknow
Pandya R B Dr D D	Lucknow
Rahman Major Mohammad Abdul	Medical School Agra
Vyas R B Dr B N	Medical College Lucknow
Khan Dr Saranjam	Lucknow
Chatterjee Dr P N	Lucknow
Shanker Dr Bhupendra	C/o R B Dr Mukand Lal Agra
Agarwala Dr Shivadas	Ghaziabad
Gupta Dr Budh Sen	C o Med cal Officer of Health Azamgarh
Ullah Dr Ahmad	Utraula Dispensary District Gonda

United Provinces—contd

Husain Dr Aiaz	Lucknow
Gupta Dr Bhagwat Swarup	C/o Civil Surgeon Unao
Sharma Dr Makkhan Lal	Deoria District Gorakhpur
Gupta Dr Chunilal	Veterinary Hospital Deoria District Gorakhpur
Lal Dr Malaian Mohan	C/o District Medical Officer of Health Gorakhpur
Khan Mr Yousofe Ali	Bisalpur District Pilibhit
Khan Mr Abdul Karim	Padrauna Gorakhpur
Din Mr M Jamalud	Benares
Commissioner Dr S H	Lucknow
Kelavkar Captain M K	Indian Military Hospital Jhansi
Lal Dr Mithan	Azamgarh
Prasad Dr Brij Nandan	Basti
Nadir Dr Hadi Hussain	C/o District Medical Officer of Health Bara Banki
Clements Lt Col J E	I G Prisons U P Lucknow
Saksena Dr Murl Dhar	Colonelgunj Cawnpore
Sarup Dr Ram	Gursurai Branch Dispensary, P O Gursurai District Jhansi
Ray Dr Lalit Kumar	Mussoorie
Goyle Dr A N	Lucknow
Bajpaya Captain Ambika Prasad	Machareu Leper Hospital Dehra Dun
Gupta Dr Chhotey Lal	Benares
Ram Dr Sada	C/o Assistant Director of Public Health Lucknow
Gupta Dr Sri Ram	Basti
Gupta Dr Anand Swarup	Kheri
Singh Dr Chattri	Mirzapore
Mart n Dr (Miss) Rachel John	Lakhimpur Kheri
Ram Dr Tulshi	Dispensary Badshapur District Jaunpur
Varma Dr Shri Ram	Kairana
Ali Dr Murad	Jansith Dispensary District Muzaffarnagar
Khan Mr Ali Zamín	Malihabad Lucknow
Qadir Mr Syed Ghulam	Budhana District Muzaffarnagar
Mohamed Mr Sheikh Naz	Allahabad

United Provinces—contd

Singh Mr Udam	.	Civil Veterinary Hospital Agra
Khan, Mr Tufail Ahmed	.	P O Ghosi, District Azamgarh
Bilgrami, Dr M Uddin	.	Mithu Medical Hall Sandila, District Hardoi
Soparkar, Dr M B		Imperial Institute of Veterinary Research, Muktesar, P O Ritam
Hasan Dr Suynd Mahmud		Rae Bareli (Oudh)
Ullah Dr Hidayat	.	Rajapur, District Banda
Sen Roy, Captain K		District Hospital Jaunpur
Varma Dr H D		Azamgarh
Ali Dr Nawab		Allahabad
Sahay Dr Bhagwat		Moth Dispensary, Jhansi
Prasad Dr Tribeni		Katra Dispensary, Allahabad
Shengal Dr Anant Ram		Baili Hospital Machhli Sahar, Jaunpur
Sahai R S Dr A		Lady Forester Hospital Sardhana, Meerut
Yusuf Dr Mohammad		District Jail Fatehgarh
Das R S Dr Purshottam		Nawabganj Dispensary, Gonda
Ram Dr Raja		Gola Gokaran Nath, Kheri
Narain Dr Shiam		Bah Agra
Mehra Dr S S		Sikandra Rao Aligarh
Priston Captain W H		Agra
Mathur Mr A P		Shikohabad Mainpur
Lal Dr Shankar		Budhana Dispensary Muzaifiarnagar
Ram Dr Atma		Bahraich
Lall Dr Chunilal		Forest College Dispensary, Dehra Dun
Ali Dr S Farzand		King George Medical College, Lucknow
Gupta Dr B		Eye Hospital Allahabad
Lal Dr Chiranji		Civil Hospital Lalitpur, Jhansi
Chatterji Dr B K		Muttra
Chatterji, Dr C D		18 Cantonment Road, Lucknow
Musquitta Dr J		Lucknow
Saran Dr Kesho		Akula Dispensary, Bareilly
Mathur, Dr. S D		Colvin Hospital Allahabad
Leonard, Lt Col W H		Indian Military Hospital Meerut
Swarup Dr K	.	Bareilly
Bhatnagar, Dr R P	.	Chandpur Dispensary, Bijnor.
Gupta Dr B N	.	Bahraich
Mal, Dr P	.	Rosra Dispensary, Ballia.

United Provinces—contd.

Parshad, Dr. Reoti	Tarabgunj, District Gonda
Singh, Dr. Bhupal	Meerut City
Paul, Dr. G. E	E. I. Ry., Tundla
Chakravarty, Dr. K. D	Ramlal Chakravarty Road, Golagunj P. O., Lucknow
Khan, Dr. Azmatullah	Mariahu Dispensary, Jaunpur
Pal, Dr. Dharam	Bari Dispensary, District Sitapur
Ali, K. S. Dr. Masud	Mow Dispensary, District Azamgarh
Hukku, Dr. H	2, Aditya Bhaban, Amin ud-doula Park, Lucknow
Lal, Dr. Har Krishan	Kasgunj
Nutt, Lt. Col. H. R	Civil Surgeon, Allahabad
Harmie, Dr. A. Hamilton	Buona Vista Landour, Mussoorie.
Webb, Dr. (Miss) M. V	Women's Medical School, Agra
Edwards, Mr. J. T	Imperial Institute of Veterinary Research, Muktesar, P. O. Ritam
Saxena, Dr. Brij Behari Lal	Branch Dispensary, Sikandrabad, District Bulandshahr
Prasad, Dr. Lachhman	Police Hospital, Muradabad
Zahidi, Dr. Saghir Husain	Jail and Police Hospital, Bahraich
Hameed, Dr. Azizul	Police Hospital, Lalitpur, District Jhansi
Barber, Lt. Col. Charles H. . . .	Dehra Dun
Bharadwaja, Dr. Devendra	Gangoh, Saharanpur
Sarin, Dr. Ranjit Singh	Nadan Mahal Road, Lucknow
Srivastava, Dr. Balak Ram	Gonda
Varma, Dr. Sunder Lal	Branch Dispensary, P. O. Shankergarh, District Allahabad
Khan, Dr. Yusuf Ali	Sherkhan Sarae, P. O. Sambhal, District Moradabad
Chand, Dr. Manik	Mahroni Dispensary, District Jhansi
Bisht, Dr. Brij Mohan Sinha	Bulandshahr
Ismail, Dr. Mohammad	Bharatkup S. R. Dispensary, District Banda
Singh, Dr. Pratap	Police Hospital, Naini Tal
Basu, Dr. J. N	Nichlaul Dispensary, Nichlaul P. O., District Gorakhpur
Srivastava, Dr. S. P. . . .	Gorakhpur
Modi, R. B. Dr. J. P. . . .	King George's Medical College, Lucknow.
Holroyd, Lt.-Col. G	Jail House, Izabnagar, Bareilly

United Provinces--contd

Chandra Captain Ram	Civil Surgeon Bara Banks
Das Dr Γ Maya	Kheri
Varma Dr M C	Balha
Singh Dr Thakur Khushnal	Nawabgunj Dispensary Cawnpore
Berlas Dr M M A	Camp Hospital Banbassa
Ali Dr Mohammad Naushey	District Hospital, Bareilly
Shukla Dr Manu Lal	Jail and Police Hospitals Cawnpore
Jaini Dr Pearay Lal	Prince of Wales Hospital Cawnpore
Tandon Dr Harnath	Police Hospital Agra
Pershad Dr Buldeo	Itaunja Dispensary, Lucknow
Singh Dr Thakur Balbir	Pawanyan Dispensary District Shahjahanpur
Lal Dr Misri	Dispensary Chirgaon District Jhansi
Raghuvanshi Dr Daryao Singh	Bageswar Dispensary, District Almora
Kulshreshth Dr Har Swarup	Kheri
Hibbard Dr Harold G	The Monastery, Mussoorie
Mathur Dr Pati Ram	Phulpur Dispensary, Allahabad
Thompson Major Treffy O	Belle Vue Ranikhet Headquarters Meerut District
Gupta Dr B P	Mallawan Dispensary Hardoi
Tiwari Dr Madho Ram	Kanauj Dispensary Farrukhabad
Das Dr Brindaban	Karhel Branch Dispensary Manipur
Bahadur Dr S Lall	Jail and Police Hospitals Partabgarh
Singh Dr Ratan	Ganai Dispensary Almora
Agarwal Dr Ram Sarup	Benares
Das Dr B B	Mau Rampur Dispensary, Jhansi
Singhal Dr Har Swarup	E I Ry Hospital Prayag Allahabad
Sharma Dr Lakshmi Ram	Gangoh Dispensary District Saharanpur
Bhattacharyya Dr A C	Hospital Gyanpure Benares Cantt
Baird Col R F	Civil Hospitals U P Lucknow
Kacker Dr Rajkishore	King Edward VIII Sanatorium Bhowali
Gupta Dr Veda Prakash	Sitapur
Mukharji Dr D K	Rae Bareilly
Hafizullah Dr Hafiz	District Hospital Aligarh
Lall Dr Ram Narain	Civil Hospital, Mussoorie
Verma Dr S D	Jail and Police Hospitals Rae Bareilly
Mathews Captain F W	Civil Surgeon Ghazipur
Mobbs Mr W	Imperial Institute of Veterinary Research, Muktesar, Naini Tal

United Provinces—contd

Menon Mr M B	Imperial Institute of Veterinary Research, Muktesar Naini Tal
Sen, Mr S K.	Imperial Institute of Veterinary Research Muktesar Naini Tal
Iyer Mr P R Krishna	Imperial Institute of Veterinary Research, Muktesar Naini Tal
Pajgopalam Mr V R	Imperial Institute of Veterinary Research Muktesar Naini Tal
Mullick Dr Rajendra Nath	24 Canning Road Allahabad
Hepworth Major S M	May Institute Dehra Dun
Dabholkar Major A Y	Brigade Laboratory Bareilly
Pant Dr B C	Bareilly
Newland Dr B E M	Civil Surgeon Moradabad
Mathur R B Dr Sarup Naram	Civil Surgeon Fatehgarh
Chaudhuri Dr J C Roy	Sadar Dispensary Rae Bareilly
Nigam Dr B P	Azamgarh
Milne Dr R L.	Women's Medical School Agra
Chand Dr Dewan	Police Hospital Etawah
Khan Dr Abdul Shakur	Dispensary Arkha Rae Bareilly
Kees Dr (Miss) J	Dufferin Hospital Allahabad
Mazumdar Captain D C	Balha
Narayan Dr Indra	C/o District Hospital Ghazipur
Mathur Captain Hargovind Dayal	Provincial Hygiene Institute Lucknow
Mukerjee Dr S M	21 Luxa Benares City
Basu Lt D N	Indian Military Hospital Dehra Dun
Husain H B Dr T	Civil Surgeon Banda
Mital Dr S L	Ritam Naini Tal
Gurha Dr Sidh Gopal	Civil Surgeon Sitapur
Vidyaarthi Dr Shyamla	Jail and Police Hospitals Ghazipur
Jafri Dr S Mohammad Hossain	C/o District Medical Officer of Health Jaunpur
Kapoor Dr Jwala Prasad	Korhar Dispensary Rae Bareilly
Srivastava Dr Bhagwati Prasad	C/o District Medical Officer of Health Sita pur
Gupta Captain R S	I. W. Hospital Cawnpore
Blatt Dr	King George's Medical College Lucknow
Gangwar Dr Sardar Singh	Rae Bareilly
Quershi Dr Amr Ahmad	C/o Civil Surgeon Bareilly

United Provinces—concl'd

Samad, Dr Abdus	Cawnpore
Khan, Lieut A M	Cawnpore
Greig, Dr. A R H	Dufferin Hospital, Cawnpore
Kirk, Captain Kharag Bahadur Singh	Civil Surgeon, Partabgarh
Mangalik, Dr Vanmali, S	Medical College, Lucknow
Sen, Dr Surendra Nath	The Mall, Cawnpore
Cooper, Dr Hugh	Imperial Institute of Veterinary Research, Muktesar, Ritan P O
Mortan, Dr Una F M	Women's Medical School, Agra
Davies Dr Starriet	Memorial Hospital, Fatehgarh
Chauhan Dr L S	Sujauli Dispensary, Bahraich
Thapar, Dr G S	C/o Lucknow University, Lucknow

BRITISH NORTH BORNEO

Fletcher, Dr Ronald H	Sandakan
Yamanoto, Dr Keizo Igakushi	The Tawao Estate Hospital, Tawao
Lee, Dr T L	Tawau Kuhara Estate
Conyngham Dr H F	Sandakan.
Stooles Dr V A	Sandakan
Dungle Dr P A	Sandakan.
Soft, Dr Madho Ram	Presidency Surgeon, British North Borneo
Sprong Dr F A van der	Bank Pappan (Borneo)

CEYLON

Perera Dr David	Poonagalla Group Hospital, Bandarawalla, Ceylon.
Clemesha, Lt Col W W	Malaria Control Scheme, Highlands, Bandarawalla
Bridger, Dr J F E	Medical and Sanitary Services, Colombo.
Gunasekera, Dr S T	Colombo
Hirst, Dr L. Fabian	Colombo

CHINA

Read, Dr Bernard E	Union Medical College, Peking
Likun, Dr Wei	Chinese Eastern Railway Administration, Harbin.

CHINA—concl'd

Gurnton, Dr L. L	Chinese Eastern Railway Administration, Harbin
Teh, Dr Wu Laen	Plague Preventive Service, Harbin
Chun, Dr T C	Health Department, Ministry of Interior, Peking
Lertao, Lt Col Antonio N Rua Fe	Antonio, 10, Macao
Hicks, Dr	Shanghai
Kessler, Dr Adole	Tung Chau University Paul Lin Hospital, 22A, Burkitt Road, Shanghai
Thomas, Dr G H	Tungwah Hospital, Hongkong
Kingtzechin, Dr.	Health Department, Ministry of Interior, Peking
Huchenghsiang, Dr	Union Medical College Peking
Hu Dr Cheng Hsiang	Union Medical College, Peking
Fauet, Dr E C	Union Medical College Peking
Kosuge, Dr Isamm	21, Wuhang, Tayanhuang Peking

CUBA

Hoffmann, Dr W H	Laboratoryo Finlay Havana, Cuba, Cerro 593
----------------------------	--

DENMARK

Madsen Professor Theodore	National Institute of Serotherapy of Copenhagen
-------------------------------------	---

DUTCH EAST INDIES.

Leber, Professor, Dr A.	Sanatorium Batoe (Malang)
---------------------------------	---------------------------

EAST AFRICA

Kar, Dr Shankar Ramchandra Abbyan	C/o D M S S Dar-es-Salam, Tanganyika Territory
---	--

EGYPT

d'Herelle, Dr F	C/o Quarantine Board Egypt
Dalgamons, Dr M A. K.	Department of Public Health Cairo

ENGLAND.

Ross, Sir Ronald	.	Ross Institute for Tropical Diseases, Putney Heath, London.
James, Lt.-Col. S. P.	.	Ministry of Health, London.
Bahr, Dr. P. Manson	.	School of Tropical Medicine and Hygiene, 37, Torrington Square, London.
Rogers, Sir Leonard	.	38, Aberdare Gardens, London.
Stephens, Prof. J. W. W.	.	School of Tropical Medicine, Liverpool.
Needham, Lt.-Col. R. A.	.	C/o Westminster Bank, 1st James Sq., S. W. London
Fletcher, Sir Walter	.	15, Holland Street, London.
Mayor, Dr. Thomas Fredrick G.	.	C/o the Crown Agents for the Colonies, 4, Hill Bank, London.
Hill, Dr. John Maers	.	5, Kensington Road, Ipswich, Suffolk.
Esslemont, Dr. Mary	.	King's Acre, Aberdeen.

FEDERATED MALAY STATES.

Watson, Sir Malcolm	.	Klang.
Kingsbury, Dr. A. N.	.	Institute for Medical Research, Kuala Lumpur.
Wellington, Dr. A. B.	.	F. M. S., Kuala Lumpur.
Fitzgerald, Dr. R. D.	.	P. M. O., Johor.
Stewart, Dr E. E.	.	Whiteaway Laidlaw Building, Kuala Lumpur.
Samuels, Dr W. F.	.	St. Oymphno's Tan jong, Rambutan.
Singh, Dr Gurmukh	.	Central Mental Hospital, Tanjong, Rambutan
Burne, Dr T W. H.	.	Seremban.
Bridges, Dr. D.	.	Kedah (Unf. M. S.).
Conoley, Dr. O. F.	.	Teluk Anson, Lower Perak.
Cosgrave, Dr. A. K.	.	Kuala Lumpur.
Dive, Dr. R. H.	.	Raub, Pahang.
Hennessy, Dr. P. H.	.	Ipoh, Perak.
Hoisington, Dr. G.	.	The Klang Pharmacy, Klang.
Jackson, Dr. R. B.	.	Kuala Lipis.
Leicester, Dr. W. S.	.	Kuantan, Pahang.
Lesslar, Dr. J. E.	.	Institute for Medical Research, Kuala Lumpur.
Macaskil, Dr. D. C.	.	Kuala Lumpur.
McHutchinson, Dr. G. R.	.	Tairing Perak.

FEDERATED MALAY STATES—concl'd

Nicholas Dr C J S	Alor Star Kedah
Pou Dr M O	Kuala Lipis Pahang
Scott Dr Waugh	Sungei Siput
Skeen Dr D T	Taiping Perak
Smart Dr A G H	Kedah
Viswalingam Dr A	Kuala Lumpur
Fletcher Dr W	11 Kensington Park Gardens London W 11
Gabriel Dr M A	Klang
Geale Dr W G	Kuala Krai Kelanton
Moir Dr W J	Seremban

FORMOSA

Miyamoto Major Toanobu	Taihoku
Morishita Dr K	Government Research Institute Formosa
Horuchi Prof Tsugio	Medical College Formosa Taihoku
Hatori Dr Juro Igaku Hakushu	Toko Hospital Taihoku
Yoshida Dr Tanso	Yoshida Hospital Taihoku
Yokogawa Dr Sadamu	Government Medical College Taihoku
Oho Dr Otohiko	Government Taihoku Hospital Taihoku
Kirabayashi Dr Shigeru	Quarantine Office Keelung
Kojima Dr Taiji	Government Medical College Taihoku
Kuracka Dr H Kosuk	Government Taihoku Hospital Taihoku
Miyamoto Dr Goytan	Medical Commissioneer Formosa

FRENCH INDIA

Labernadre Major V G F	. Laboratory of Pondicherry Pondicherry
------------------------	---

FRENCH INDO-CHINA

Jourdan Dr E	de la Sante du Tonkin Hanoi
Roton Dr Jean	Saigon.
Hermann Dr P	Vinh Annam
Tn Dr Troung D nh	de la Sante du Tonkin Hanoi
Bablet Dr J	Paetour Institute Hanoi
Barres Dr Le Roy des	de la Sante a Tonkin Hanoi

FRENCH INDO CHINA—*concl'd*

Bernard, Dr Noel	.	Pasteur Institutes of Indo China, Saigon.
Boez, Dr	.	Pasteur Institute, Saigon.
Borel, Dr J	.	Pasteur Institute, Saigon.
Bonnaire, Dr Lalung	.	Hospital Indigene de Cochinchine, Cholon
Broudin, Mr	.	Pasteur Institute, Saigon.
Guerin, Dr F H	.	Bureau d'Hygiene, Cholon.
Guillerm, Mr	.	Pasteur Institute, Saigon
Institute Pasteur de Hanoi	.	Hanoi
Heymann, Dr P	.	Hospital Indigene, Hanoi
Jacotot, Mr V H	.	Pasteur Institute, Nhatrang
Lambert, Mr A	.	Pasteur Institute, Saigon
Mesnard, Dr	.	Pasteur Institute, Hanoi
Morin Dr J H	.	Pasteur Institute, Saigon
Institut Pasteur de Nhatrang	.	Nhatrang
Institut Pasteur de Saigon	.	Saigon
Schein, Mr	.	Pasteur Institute, Nhatrang
Sollier, Dr	.	Medicine de l'Assistance Medical, Vinh Annam
Souchard, Dr	.	Pasteur Institute, Saigon
Tardieu, Dr	.	de l'Hopital, Tourane, Annam
Verrice, Dr	.	Hatinh, Annam

GREECE

Montoussis, Dr. Constantin	.	Athenes, Rue Scoupha 71
----------------------------	---	-------------------------

HAWAII

Mori, Dr Iga	.	Japanese Hospital, Honolulu
--------------	---	-----------------------------

HOLLAND

Schnäffer, Dr W.	.	Institute of Tropical Hygiene, Department of the Royal Colonial Institute, Amsterdam
Snijders, Prof. E P.	.	Institute of Tropical Hygiene, Department of the Royal Colonial Institute, Amsterdam.
Colonial Institute (Department of Tropical Hygiene)	.	Amsterdam.
Hunsel, Dr. J. H. F. E van	.	Stolkweg No 26 The Hague.

HONGKONG

Moore, Dr W B A

C/o Hongkong and Shanghai Bank 9,
Grace Church Street London E G 3

JAPAN

Katsurada Dr Fujuro
Grauert Dr Hermann
Matsuno Col Katsumi

Taniguchi Dr Tenji

Onodera Dr Naosuke
Nakamura Dr Yutaka
Inada Dr Ryohichi
Hata Dr Sahachiro

Kato Dr Toyojiro
Imamura Dr Arao
Takasugi Captain Shin Ichino

Kutsu Professor Dr M

Shiga Dr K
Nakamura Dr N
Nagahara Dr Matsusaburo

Itaya Dr Ikutaro
Ishimatsu Dr Kaoru

Funaoka Dr Seigo

Kobayashi Dr Harujiro
Fukuda Tsunetaro

Takano Dr Rokuro

Tanaka Kichiro
Nishiki Dr Sankei
Abe Dr Toshio
Adachi Dr Kiyohisa

C/o Tess in Hospital Kobe

Yokohama Tomashitacho

Medical Corps Imperial Japanese Army
Tokyo

Government Institute for Infectious
Diseases Imperial University Tokyo

Kyushu Imperial University Fukuoka

Hakkaido Imperial University Sapporo

Imperial University Tokyo

Keio Gijuku University Medical College,
Kitasato Institute Tokyo

Tohoku Imperial University Senday
Otsuka

Medical Corps Imperial Japanese Navy,
Tokyo

Institute for Urobiology in Hakodate Hakkaido

Keijo Imperial University Chosen

Veterinary Laboratory Nishizahara Tokyo
No 6 No 1 4 Bancho 20 min machi,
Kanizawa

Tominokoji Marutamachi Sagaru Kyoto
C/o The Osaka Mercantile Steamship Co
Ltd Kobe

Anatomical Institute of Imperial University Kyoto

Keijo Imperial University Chosen

Health Bureau of Kanagawa Prefecture
Yokohama

Sanitary Bureau Ministry of Home Affairs
Tokyo

S S Tottori Maru Nippon Yusen Kaisha
Government C T O N Chosen

Medical College Nagasaki

Kyushu Institute for Infectious Diseases
Chiyonachi Fukuoka Suburb

JAPAN—*contd*

Amako Dr Tamie	2 8 chome Shimo Yamaedori, Kobe
Arima Dr Raikichi	41 4 chome Kitahama Higashi ku Osaka
Butler Dr L E	745 Marunouchi Building Kojimachiku Tokyo
Chiwaki Dr Morinosuke	Dental College, Tokyo
Enomoto Dr Umahiko	Dental College Tokyo
Fujinami Dr Akira	Imperial University Kyoto
Furuhashi Dr Tanemoto	Medical College Kanazawa
Futaki Dr Kenzo	Government Institute for Infectious Diseases Tokyo
Hatta Dr Zennoshin	The Bureau of Court Physicians Imperial Household Tokyo
Hayashi Dr Naosuke	Aichi Medical College Nagoya
Hida Dr Otoichi	Kitasato Institute Tokyo
Honda Dr Yugoro	No 4 1 chome Minami nabechom Kyobashi ku Tokyo
Horiuchi Dr Iajiro	No 3 Kotohira-cho Shiba ku Tokyo
Ichikawa Dr Koichi	Imperial University Sapporo Hakkudo
Imura Dr Yasuzo	Sanitary Bureau Ministry of Home Affairs Tokyo
Imai Dr Narazo	Trust Foundation Nagaoka Hospital Nagaoka Ningata ken.
Ishibashi Dr Matsuzo	Medical College Chiba
Ishihara Dr Osamu	12 N. No 10 Nishikatamachi Hongo-ku Tokyo
Ishii Dr Toraaki	Iidamachi Shimo Ina gun Naganoen
Kamiya Dr Hatsuhiiko	C/o Hioki Mansion No 41 Yushoujimachi Ushigome ku Tokyo
Kato Dr Seiji	Nippon Dental College Tokyo
Kato Dr Yoshio	Tokyo Byoin Atago-cho Shibaku Tokyo
Kato Dr Iutaka	Imperial University Tokyo
Katsunuma Dr Seizo	Aichi Medical College Nagoya
Kawazoe Dr Masamichi	Keio University Medical College Tokyo
Kishi Dr Takayo	Medical College Kanazawa
Kitasato Baron Shibusaburo	Kitasato Institute Tokyo
Kitashima Dr Taichi	Keio University Medical College Tokyo
Kohmoto Dr Teisuke	Government Institute for Infectious Diseases Tokyo
Kondzumi Dr Makoto	Keio University Medical College Tokyo

JAPAN—contd

Kominne Dr Shigezuki	Kamii Nakazato	Takinogawa machi, Tokyo Suburb
Kos Dr Yutaka	Imperial University, Sapporo	Hokkaido
Kozawa Dr Shuzo	Medical College Osaka	
Kuno Dr Yoshimaro	No 10 Higashi Katamachi H	
Kure Dr Ken	Imperial University Tokyo	
Kure Dr Shuzo	Imperial University Tokyo	
Kuriyama Dr Shigenobu	Imperial University Tokyo	
Kusama Dr Shigeru	Kitasato Institute Tokyo	
Kusumoto Dr Chozaburo	Director Osaka Medical College Osaka	
Manabe Dr Kaichiro	Imperial University Tokyo	
Matsuba Dr Shigeo	Imperial University Tokyo	
Matsuda Dr Takeshi	Ishigami Kenkyujo Hamadera Osaka	
Matsuo Dr Isao	Imperial University Kyoto	
Mita Dr Sadanori	Imperial University Tokyo	
Mitamura Dr Tokushiro	Imperial University Tokyo	
Miyakawa Dr Yoneji	Government Institute for Infectious Diseases Tokyo	
Miyajima Dr Mihinosuke	Kitasato Institute Tokyo	
Morishima Major Kan'ichiro	Konoe 1st Infantry Regiment Daisancho Kojimachi ku Tokyo	
Moteki Dr Kuranosuke	Keio University Medical College Tokyo	
Muro Dr Nobuo	No 22 Takarazaka machi Ohmuta City Fukuoka ken	
Murayama Dr Tatsuzo	Kamagome Hospital Hongo ku Tokyo	
Muto Dr Masutomo	Government Railway Hospital Nagoya	
Nagata Dr Zensaburo	4277 Nagaeishi mura Tokyo Suburb	
Nagivama Dr Takeyoshi	Senkaiji Jikei kaiji Medical College Tokyo	
Nigyo Dr Mataro	Government Institute for Infectious Diseases Tokyo	
Nakashima Dr Tokutaro	19 Nishikata machi Hongo ku Tokyo	
Nitta Dr Naoshi	Imperial University Tokyo	
Ogata Dr Norio	Medical College Chiba	
Ogata Dr Tomosaburo	Imperial University Tokyo	
Ohara Dr Tochikuni	Ship-Surgeon Nippon Yusen Kaisha Yuzen Building Tokyo	
Ohara Dr Kenta	Keio University Medical College, Tokyo	

JAPAN—*contd*

Oka, Dr. Harumishi	No 46, Minami Enoki cho, Ushigome-ku, Tokyo
Ohada, Dr. Mitsuru	Keio University Medical College, Tokyo
Ohada, Dr. Seizaburo	No 36, Samban cho, Kojimachi ku, Tokyo
Okumura, Dr. Tsurukichi	Dental College, Tokyo
Osato, Dr. Shungo	Medical College Kanazawa
Ota, Dr. Masao	Aichi Medical College, Nagoya
Otani, Dr. Morisuke	Saisei Iwai Hospital, Akbanemachi, Shiba-ku, Tokyo
Saeki, Dr. Seiichi	Imperial University, Tokyo
Saito, Dr. Tadasu	Imperial Government Institute for Nutrition, Tokyo
Sakaguchi, Dr. Yasuzo	No 13, Shimo Miyabicho, Ushigomeku, Tokyo
Sakamoto, Dr. Tsuneo	Imperial University, Tokyo
Sakurane, Dr. Konoshin	Medical College, Osaka
Sata, Dr. Aihiko	No 11, Dojima Kitamachi, Kita ku, Osaka
Shimojo, Dr. Kumachirō	Municipal Hygienic Laboratory, Tokyo
Shiojima, Dr. Ataru	Yokohama Branch, Nippon Yusen Kaisha, Yokohama
Tadenuma, Dr. Kenji	No 22, Omoni machi, Tokyo suburb
Takagi, Baron Dr. Yoshihiro	No 13, Higashi Torizaka, Arakawa ku, Tokyo
Takata, Dr. Maki	Hospital, Koishikawa, Tokyo
Tamura, Dr. Kenzo	Imperial University, Tokyo
Tanabe, Lt.-Col. Bunshiro	Army Medical College, Tokyo
Tani, Dr. Tomoji	Medical College, Kanazawa
Tanuya, Dr. Takao	
Tazawa, Dr. Ryoji	Municipal Sanatorium, Nogatamachi, Tokyo suburb
Teruoka, Dr. Gito	Institute for Science of Labor, Kurashiki-machi, Okayamaken
Teusler, Dr. Rudolf Bolling	St. Luke's International Hospital, Tsukiji, Tokyo
Thomann, Dr. Hanns	No 13, Kobiki cho, Ichome, Kyobashi ku, Tokyo
Tochihara, Dr. Isamu	Keio University Medical College, Tokyo
Toda, Dr. Shozo	Imperial University, Kyoto
Toda, Dr. Toru	Kobe Branch, Nippon Yusen Kaisha, Kobe

JAPAN—concl'd

Toyama Dr Ikuzo
 Tsuchiya Dr Seizaburo
 Tsutsumi Dr Kan'ichi
 Tsuzuki Dr Jinnosuke
 Uchida Dr Jukichi
 Umeno Dr Shinkichi
 Usui Dr Ryuta
 Watanabe Dr Yoshimasa
 Yamada Dr Shin'ichiro
 Yoshida Dr Sadao
 Yoshioka Dr Masao

Imperial University, Tokvo
 Nippon no Imai Sha, Kandaku Tokyo
 Keio University Medical College Tokyo
 No 3 Funamachi Yotsuya ku Tokyo
 No 81 5-chome Aoyama Minamimachi,
 Tokyo
 Kitasato Institute Tokyo
 No 29 Myogadani Koishikawa ku Tokyo
 Kitasato Institute Tokyo
 Government Institute for Infectious di-
 seases Tokyo
 Osaka Medical College Osaka
 Women's Medical College Kawada-cho
 Ushigome ku Tokyo

KOREA

Hajju

KWANTUNG

Manchuria Medical College Mukden
 Hospital of Kwantung Government Port
 Arthur

MACAO

Sanitary Department Macao

NEPAL

Dilli Bazar Katmandu
 Dilli Bazar Katmandu

NETHERLANDS INDIES

Brug Col S L
 Jansen, Dr B C P

Genoese Kundig Laboratorium, Weltevreden.
 Chemistry Department, Medical L
 torij, Weltevreden.

da Costa, Captain Peregrino

Maskey Dr Ganesh Lall
 Dint Dr Sudhiman A

NETHERLANDS INDIES—*concl*

Kwa Dr T S	Weltevreden
Winckel Dr Ch W F	D E J Public Health Service Weltevreden
Deggeller Dr O	Weltevreden
Elshout le Major Dr J M	I hospital militaire A Batavia
de Rook Le Capitaine Dr H	Du Service Medical Militaire Weltevreden
Nauta Major General H C	Medical Army Corps Bandoeng
Sparwann, Dr R A J	Sumatra Street 27 Bandoeng
de Jonge Dr G W Kiewiet	Weltevreden
Hertogspark Dr P B van	Steenis Medical Corps D E I Army Weltevreden
Lonkhuyzen Dr J J van	Head Office Civil Medical Service Weltevreden
Ned Ind Kanker Institute	Bandoeng
Geneeskundig Laboratorium	Weltevreden
Walch Maj W	Pondrian 39 Semarang
Militaire Geneeskundig Laboratorium	Weltevreden
Neeb Dr H M	The Technical University Bandoeng
Otten, Dr L	Pasteur Institute Bandoeng

NEW GUINEA

Hosking Dr H Champion	Department of Public Health Rabaul, Territory of New Guinea Rabaul
Calon Dr W L	Rabaul

PERSIA

Ledger Captain L K	S ton Consulate
Stocker Major C J	H B M s Consulate General Meshed

PHILIPPINE ISLANDS

Vedder Lt Col Edward B	U S Army Medical Research Board Bureau of Science Manila
Kelser Major R. A	Medical Department Research Board U S Army Manila
Wade Dr H W	Palawan,

PHILLIPPINE ISLANDS—concl'd.

Schöbl, Dr. Otto	Bureau of Science, Manila.
Hitchens, Major A. Parker	Medical Adviser to the Governor General, Manila.
Fabella, Dr. José	Public Welfare Commissioner, Manila.
Eskey, Dr. C. R. . . .	United States Public Health Service, Manila.
Intengan, Dr. Gabriel	Philippine Health Service, Manila.
de Leon, Dr. W. . . .	College of Medicine, University of the Philippines, Manila.
White, Major A. Samuel	Philippines Medical Department, Manila.
Guerrero, Dr. Luis	156, I Peral Manila.
Pineda, Dr. Elloy V. . . .	Culion.

PORTUGUESE INDIA.

de Mello, Col. J. Froilano	Director General of Medical Services, Portuguese India, Nova-Goa.
------------------------------------	---

RUSSIA.

Martinowsky, Prof. E. . . .	Tropical Institute, Moscow.
Sergei, Dr. Nikanorov	Kasarmennaya 46, Saratow.

SIAM.

Ellis, Dr. A. G. . . .	Oriental Hotel, Bangkok.
Damrong, Col. Phya	The Siamese Red Cross Society, Bangkok.
McFarland, Dr. George B. . . .	Bangkok.
Prachaka, Captain Luang	Chulalongkorn Red Cross Hospital, Bangkok.
Noble, Professor T. P. . . .	Chulalongkorn University, Bangkok
Prommas, Prof. Nai Chalern	Chulalongkorn University, Bangkok.
Chedt, Dr. Luang	Ministry of Interior, Bangkok.
Vallabhakara H. S. H. Lt.-Col. Prince	Bangkok.
Pasteur Institute of Bangkok	Bangkok, Siam.
Vejakara, phra Boriraksh	Public Health Department, Bangkok.
Redfield, Dr. J. R. . . .	Bangkok.
Suvansa, Lt. Synn	Red Cross Hospital, Bangkok.
Mongkliwongse, H. S. H. Prince Thavara (Rear Admiral)	Medical Service Department of the Ministry of Marine, Bangkok

STRAITS SETTLEMENTS

Hoops, Dr A L	.	.	Principal, Civil Medical Officer, Singapore.
Williamson, Dr K B	.	.	College of Medicine, Singapore.
Gautier, Dr Raymond	.	.	Eastern Bureau, League of Nations, 67, Robinson Road, Singapore
Scharff, Dr J W.	.	.	Port Health Officer, Singapore
Biraud, Dr Yves M	.	.	67, Robinson Road, Singapore
Rosedale, Prof J L	.	.	College of Medicine, Singapore.
Ando, Dr K.	.	.	Ando Dispensary, Singapore

SUMATRA

Doorenbos, Dr W. B	.	.	Catharne Hospital, Kisaran.
Surbeck, Dr K. E	.	.	Central Hospital, Pager Allam, Via Palembang
Billiton, Gemeenschappelijke, Mijnbouw Mij	.	.	Gandjong Pandan.
Bosch, Dr W. G	.	.	Kisaran
Brandt, H B	.	.	Bindjei
Driek, B M van	.	.	Seongei Sengkol
Grijns, Dr G W.	.	.	Pandsang Brakang Bindjei
Kouwenaar, Dr W	.	.	Medan
Keukenschrijver, Dr N C Romer	.	.	Pematang Siantar
Pathologisch Laboratorium	.	.	Medan
Pfister, Dr C R	.	.	Perbaungan
Pratomo, Dr R M	.	.	Bagan Si Ap Api
Spillane, Dr J C	.	.	Pematang Siantar
Stoller, H C	.	.	Goenoeng Melajoe

UNITED STATES OF AMERICA

Heiser, Dr Victor G	.	.	Rockefeller Foundation, 61, Broadway, New York City.
Read, Dr Alfred C	.	.	Standford University, Medical School, 380, Post Street, San Francisco
Young, Dr Charles, W.	.	.	Rockefeller Foundation, 61, Broadway, New V ' City

ARTICLES AND BY-LAWS OF THE ASSOCIATION INCLUDING
AMENDMENTS ADOPTED BY THE COUNCIL OF THE
SEVENTH CONGRESS

Constitution

ARTICLE 1—TITLE

The name and title of this organization shall be "The Far Eastern Association of Tropical Medicine".

ARTICLE 2—OBJECTS

The Objects of the Association shall be —

- (a) The promotion of the science and art of medicine in the Far East
- (b) The union of the medical profession of the Far East into one compact organization
- (c) The development and diffusion of scientific knowledge
- (d) The promotion of friendly international intercourse between scientific men
- (e) The elevation of the standard of medical education
- (f) The enlightenment of public opinion in regard to the prevention of disease
- (g) The publication of the results of scientific investigations

ARTICLE 3.—COMPOSITION OF THE ASSOCIATION.

The Association shall consist of ordinary members, associate members, honorary members and honorary advisory members.

ARTICLE 4—MEMBERSHIP

1 The ordinary members of the Association shall be medical practitioners

9

200

They are not entitled to vote or to attend at any business meeting. They are not entitled to the official publication of the Association.

3 Honorary members may be medical men or scientific workers in countries outside the zone of this Association who have risen to eminence in their respective professions. They may be elected by the Council

4 The honorary advisory members shall be distinguished official representatives of any nation and distinguished residents of the countries of the Far East. They need not necessarily be medical or scientific men. They may be elected for the period of any Congress by the executive committee of the country in which the Association is holding its triennial session.

CHAPTER 3

Section 1 — The Council shall meet before the opening triennial meeting of the Association

Section 2 — A majority of the Councillors attending any regular meeting of this Association shall constitute a quorum of the Council, provided at least three members shall be present

CHAPTER 4

Section 1 — Nomination of officers shall be made by members from the countries concerned and a majority of the members present at any triennial meeting shall elect such officers. Nomination and election shall take place on the last day of the regular meeting immediately after the close of the scientific work. Any post left unfilled at the General Meeting, or falling vacant later through the retirement or death of an officer, may be filled by appointment of an officer by members residing in the country concerned, providing that such appointment be notified to the General Secretary Treasurer and circulated by him to the other officers of the Association

Section 2 — Any question whether a territorial unit is to be recognized as a separate "country" in applying the provisions of the Constitution and By laws shall be decided by the Council, and provided that, between sessions, the General Secretary Treasurer may make a provisional decision which shall hold for the next ensuing Congress

Section 3 — The General Secretary Treasurer shall use all reasonable means to give due notice of the approaching meeting (at least six months) to the members of this Association, and the Vice Presidents and local Secretary-Treasurers shall co-operate in giving due notice of the approaching meeting. The local Secretary Treasurer of the country in which the Congress is held shall prepare for publication the official programme of the meeting

Section 4 — Each local Secretary Treasurer shall collect and transmit to the General Secretary Treasurer the dues from members and at least one month before the meeting he shall submit to the General Secretary-Treasurer a list of the members proposing to attend together with a list of the titles of papers to be read by the members from his country

Section 5 — The General Secretary Treasurer shall be the custodian of such funds of the Association as are collected from membership fees, and shall render to the Council a report of all funds passing through his hands at each meeting of this Association

CHAPTER 5

An emblem and flag shall be deposited at the permanent office of the Association and shall be used at all meetings of this Association. A badge to be worn by all members at the Congress and shall have the country in which the

CHAPTER 6

Section 1—These By laws may be amended by a majority vote of all the members present at any meeting after the amendment has been laid upon the table for at least a day

CHAPTER 7

Section 1—The Council at the first meeting of this Association and at each meeting thereafter, shall provide for the publication of the proceedings, and one copy shall be presented to each ordinary member and such others as the Council may decide

CHAPTER 8

Section 1—No address or paper before the Association, excepting the annual address, shall occupy more than twenty minutes in delivery and no member shall speak longer than five minutes nor more than once on any subject except by unanimous consent

Section 2—All papers read before the Association shall become its property and shall be deposited with the Secretary when read

CHAPTER 9

The deliberations of this Association shall be governed by standard rules of parliamentary procedure such as are contained in Robert's Rules of Order when these are not in conflict with the Constitution and By laws

